University of Alberta

Personal Characteristics of Master Couple Therapists

by

Allyson G. Smith

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Abstract

The demand for couple therapy has increased significantly over the past decade. While majority of couple therapy research has focused on theoretical orientation and empirically supported therapies, a small but growing number of studies have begun to explore other aspects of the therapeutic process in couple therapy. The purpose of this study was to explore the characteristics, skills, and experiences of master couple therapists and to gain a deeper understanding of how these acknowledged experts approach the demands and challenges that are unique to the practice of couple therapy. The couple therapist works under a number of conditions that are clearly distinct from those of the individual therapist including working from a systemic perspective, an expanded direct treatment system, and an expanded therapeutic alliance. It is, therefore, plausible to expect that the skills and characteristics of the master couple therapist may be different than those of the master individual therapist. Seven psychologists and two social workers designated by their professional colleagues as 'master couple therapists' participated in a qualitative interview and wrote narratives about their skills, characteristics, and experiences. Individuals who nominated these 'master couple therapists' were also interviewed to further understand their choice to nominate these particular practitioners. Data from the master couple therapist and nominator participants were analyzed using a category construction and thematic analysis process. Three overarching themes emerged from the data and suggested that this group of master couple therapists demonstrated a remarkable commitment to personal development and self, professional development, and relationships. A number of practical implications of these results were discussed, including the importance of

engaging in self-care, ongoing learning, and developing strong personal and professional relationships.

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Introduction

Over the past decade, the demand for couple therapy has significantly increased (Johnson & Lebow, 2000). In fact, "distress in intimate relationships is currently recognized as the single, most frequently presented problem in psychotherapy" (Johnson & Lebow, 2000, p. 23). Some studies show that a full 40% of those clients seeking help do so because of a difficulty related to marital or couple problems (Gurman & Fraenkel, 2002). Currently, 50% of first marriages and closer to 60% of remarriages end in divorce (Gollan & Jacobson, 2002). According to Gurman and Fraenkel (2002), "the breakdown of marriage and other long-term, committed, intimate relationships, whether through divorce or chronic conflict and distress, exacts an enormous cost to public health and so commands our attention at a societal level" (p. 201).

People in troubled relationships are more likely to suffer from a number of health-related difficulties, including anxiety, depression/suicide, and acute/chronic medical problems: impaired immune function, high blood pressure, and increased health-risk behavior, such as susceptibility to STDs and accident proneness (Beach, 2001; Burman, & Margolin, 1992; Kiecolt-Glaser, Fisher, & Ogrocki et al., 1993; Schmaling & Sher, 2000). These difficulties also extend to the children living in households where marital tension or a distressed relationship exists. These children are prone to anxiety, depression, conduct problems, and impaired physical health (Liddle, Sanitisteban, Levant, & Bray, 2002).

When considering these statistics, it is clear that many couples are in need of professional assistance. The question becomes, 'How can we ensure that couples in need receive the best possible therapy?' One way to approach this question is through research and learning more about the couple therapy process.

If we consider the information that is currently available in the couple therapy literature, we notice an overwhelming emphasis on studies investigating the role of theoretical orientation in the context of couple therapy (Sprenkle, Blow, & Dickey, 2002). It seems that most of the couple therapy research to date has focused on the development of empirically supported therapies, isolating factors that predict clients' responses to treatment, and determining which empirically supported therapy would work best with which particular couple.

Sprenkle et al (2002) suggest that this almost exclusive focus of couple therapy research on theoretical orientation stems from the field's historical and developmental roots. The discipline's founders were dynamic individuals who emphasized the distinctiveness of their approaches, rather than the commonalities. Sprenkle et al (2002) suggests that this stance was essential in the development of this new discipline, as the concept of treating couples conjointly, or with the whole family, was essentially in opposition to the psychological zeitgeist of the more established practice of individual psychotherapy.

However, if the field of couple therapy research continues with this trend of exclusively focusing on theoretical orientation, many important factors that may play a role in the therapeutic encounter could be overlooked. In the individual psychotherapy outcome literature, researchers have moved beyond focusing on any one theoretical orientation as being the 'best' (although this stream of research still exists) to exploring all of the elements that are involved in the therapeutic encounter.

Individual psychotherapy researchers have explored many of the elements therapists bring to the therapy process. We are aware of many of the particular therapist variables that influence the therapeutic relationship: i.e. personality/coping patterns of the therapist, therapists' emotional well-being, therapists' theoretical orientation/therapeutic styles, etc (Beutler et al, 1994, 2004). As well, articles that present both clinical opinion (Bassman, 2000; Carter 1995; Collard, 2004; Corey, 1991; Fox, 2000; Kottler, 1991; Miller, 1993; Pittman, 1995) and empirical studies (Blatt et al., 1996; Coady & Wolgien, 1996; Demos & Zuwaylife, 1966; Jackson & Thompson, 1972; Laffery et al., 1989; Luborsky et al, 1985; Pope, 1996; Wicas & Mahan, 1966; Wiggins & Moody, 1983; Wiggins & Westlander, 1979) describing what makes therapists effective are widespread. Researchers have also provided a clear description of a master individual therapist (Albert, 1997; Goldberg, 1992; Jennings & Skovholt, 1999, 2003).

While the individual psychotherapy outcome research has certainly expanded to include not only research on theoretical orientation but many more factors that influence the therapy process, the field of couple therapy research has primarily focused on factors related to theoretical orientation with the exception of a relatively small number of studies exploring the therapeutic alliance in the context of couple therapy (Sprenkle et al., 2002). It seems, then, that the next step for the field of couple therapy research would be to expand the scope of study to include more factors that may impact the couple therapy process. One area that has not yet been explored is the concept of the master couple therapist. Although we do have a clear description of the master individual therapist, the description of the master couple therapist may be different in a number of ways. First, when compared with the individual therapist, the couple therapist tends to work from a systems perspective and often conceptualizes clients' difficulties relationally, rather than conceptualizing them as residing within the person, which is more common in the context of individual therapy. The couple therapist is also working with an expanded direct treatment system, working with two clients in the room, rather than the traditional therapist-client dyad, which may change the dynamics of therapy. Related to the expanded treatment system is the necessary expanded therapeutic alliance to accommodate each member of the couple. The therapist must establish a good relationship with both members of the couple, rather than one individual client, as is generally the case in individual therapy (Sprenkle, et al, 2002).

Therefore, taking these differences into account, it is plausible to suspect that the skills and characteristics for a master individual therapist may be different than the skills and characteristics of the master couple therapist. No research to date has explored the master couple therapist as a person and what personal characteristics and skills make them particularly good at working with couples. It is hoped that the current study will address this gap in the literature.

Purpose of the Study

The purpose of this study was to explore the question: What personal characteristics, ideas, or experiences make a person a 'master' at working therapeutically with couples? By exploring the personal characteristics and experiences of master therapists, readers of this study will be provided with an expansive thematic description of these master therapists' self-descriptions of the attitudes, practices, and characteristics they believe constitute their excellence at this therapeutic modality. Additionally, the reports of some of their peers who nominated them as excellent when working with couples were considered.

Patton (1990, 2002) suggests that studying an exemplary example can give us much information about how to improve more average cases. It is hoped that this study can provide a description of these master therapists' experiences, ideas, and skills and do just that: allow readers to use the information provided to facilitate their own improvement as a therapist by using the information that is appropriate and pertinent for them.

General Description of the Study

This qualitative study explored what makes particular therapists masters at working with couples. The focus of this inquiry was to understand from the perspectives of the master couple therapists what they believe make them masters at working with couples. The framework of this exploration was Merriam's (1998; 2002) basic interpretive qualitative inquiry, which is described in detail in the methodology section of this document.

Participants were nominated by their professional colleagues and designated master couple therapists. Data consisted of qualitative interviews, written accounts of participants' experience, and follow-up conversations for clarification purposes. Nominators were also contacted for a brief interview exploring their choice to nominate these particular therapists. These data were analyzed using a thematic analysis approach and findings were presented in the form of a rich, thick description.

Literature Review

This review of the literature related to master couple therapists will begin by summarizing the general traits and characteristics that therapists bring to the therapeutic encounter and how this influences therapy. Next, both clinical opinion and empirical studies outlining which of these general traits and characteristics seem to be present in effective therapists will be described. The review will then turn to studies describing the traits of exemplary or 'master' therapists. Because the current review is interested in the master couple therapist as opposed to the master individual therapist, an overview of the couple therapy literature will be presented and the missing research pertaining specifically to the master couple therapist will be noted.

Therapist Variables

Many studies have sought to describe the therapist variables that have an impact on the course and outcome of therapy. In fact, "therapist qualities are among the most frequently studied contributors to psychotherapeutic change. Researchers and clinicians alike have been unyielding in their belief that characteristics of therapists are associated with or predictive of psychotherapy outcome" (Beutler et al, 1994, p.299).

Major therapist characteristics can be described as falling along two dimensions; one dimension is a dichotomy of observable qualities versus inferred qualities and the other is a separation between general or cross-situational characteristics versus characteristics that are specific to the therapy setting (Beutler et al, 2004). Observable qualities can be described as those qualities that are capable of being identified by procedures that are independent of the therapist (i.e. age, sex, interventions used in therapy) whereas inferred qualities are those hypothetical constructs whose identification relies on the inferential process (i.e. gender attitudes, religious beliefs). Extra-therapeutic traits can be described as cross-sectional characteristics that the therapist manifests and are incidental to therapy, and therapy-specific states can be described as characteristics that the therapist displays that are specific to the therapy situation (Beutler et al., 2004).

Observable traits are essentially certain demographic variables and research in this area has focused on three major areas: age, sex, and ethnicity. In terms of age, research has shown that therapist age bears little relationship to therapeutic outcome (Barber & Muenz, 1996; Sexton & Whiston, 1991). Much of the research on therapist sex yields similar results; that is therapist sex does not have a significant influence on therapeutic outcome (Beutler et al, 2004). The results that show relationships between these two factors are generally naturalistic in nature and do not control for sample selection (it may be that either male or female therapist attract a particular type of client). Similarly, four overlapping reviews (Atkinson, 1983; 1985; Atkinson & Schein, 1986; Sexton & Whiston, 1991) have concluded that therapist/client race does not significantly influence outcome. More recent research suggests that 'multicultural competence' or systematic training to enhance cultural sensitivity may have a positive influence on outcome of therapy (Valdez, 2000; Worthington, Mobley, Franks, & Tan, 2000). Research has slowed in this area over recent years due to the consistent findings that therapist demographic variables do not tend to significantly influence therapeutic outcome (Beutler et al., 1994).

When describing inferred traits, Beutler et al (1994; 2004) focused on personality/coping patterns, emotional well-being, values and beliefs, and cultural attitudes. Contemporary research on therapist personality and coping strategies focuses on therapist dominance, therapists' perceived locus of control, and therapist conceptual level. When looking at therapist dominance, research shows that dominant therapists tend to yield both positive outcomes (Beutler, Clarkin, & Bongar, 2000; Borkovec & Costello, 1993) and negative outcomes in therapy (Svartberg & Stiles, 1991). One explanation for these contradictory findings may be that client variables and experience may also play a role terms of whether therapist dominance tends to lead to positive or negative therapeutic outcomes (Beutler et al, 2004, 1994). That is, some clients may respond particularly well to dominant therapists whereas others may require a less dominant therapist for a positive outcome in therapy.

When examining therapists' perceived locus of control, results are inconclusive. During group therapy for depression, it was found that a therapists' external locus of control was related to group cohesiveness (Antonuccio, Davis, Lewinson, & Brekenrige, 1987). As well, a positive relationship between internal locus of control and peer/supervisor ratings of therapist effectiveness was found in a group of non-professional counselors for emotionally disturbed children (Deysach, Rooss, & Hiers, 1977). In a study of 78 adult outpatients and 21 therapists, both therapist locus of control similarity were found to be unrelated to therapist outcome in therapy (Foon, 1985, 1986). Finally, research on conceptual level of therapist demonstrated that therapists who had more abstract and complex processing styles tended to be more effective than therapists who had more concrete processing styles when learning and performing "therapy-like" tasks (Holloway & Wampold, 1986). As well, similarity of cognitive style between therapist and client may facilitate the psychotherapy process and client retention in therapy (Hunt et al, 1985).

Research on the emotional well-being of the therapist has yielded a number of important results. Findings consistently show that low level of therapist distress is related to successful outcomes (Beutler, Machado, & Neufeldt, 1994). Generally, therapist adjustment is positively related to the overall effectiveness of therapy (Clark, 1986; Greenberg & Staller, 1981). As well, it is suggested that high levels of disturbance in the therapist can not only inhibit client growth, but can also induce negative client change (Wiggins & Giles, 1984).

In terms of therapist values, research consistently shows that separating one's personal and professional values is extremely difficult (Beutler et al., 1994, 2004). When working with clients, it has been found that both similarities and differences in therapist/client value systems can produce positive results (Arizmendi et al, 1985; Williams & Chambless, 1990). Either way, it is found that therapist ability to communicate within the clients' value system and understand the client's worldview is of utmost importance when seeking positive therapeutic outcome (Beutler et al., 1994).

Inferred states were also explored by Beutler et al. (1994, 2004). The idea that a strong therapeutic relationship was essential for positive outcomes in psychotherapy was originally developed by Rogers (1957). The "necessary and sufficient conditions" that Roger described (1957) are similar to the modern concept of the therapeutic alliance. The quality of the therapeutic relationship has been one of the most consistently supported correlates of therapeutic change. That is, the stronger the alliance between therapist and client, the greater the potential for client change (Andrews, 2000; Beutler, Machado, & Neufelts, 1994; Lambert, 1992; Orlinsky et al, 1994).

When considering the therapist's theoretical orientation, the effect of this orientation on client outcome is quite small. A small positive influence on outcome was found for using behavioral therapy versus psychodynamic therapy (Bowman et al, 2004). When comparing the effectiveness of a process-experiential approach to a cognitive-behavioral approach, it was found that outcomes were generally equivalent in terms of levels of depression, self-esteem, general levels of distress and dysfunctional attitudes. One difference between the two conditions was that clients receiving IP therapy reported a significant decrease in interpersonal problems when compared to the CB group. (Watson et al., 2003). In general, however, it has been suggested that the model of therapy a clinician uses accounts for less than 10% of the observed difference in outcome for clients (Lambert, 1992, 2005; Wampold, 2001).

Finally, the observable states that were examined by Beutler et al (2004) included 'professional background,' 'therapeutic styles,' and 'therapist interventions' and their effect on psychotherapy outcome. In terms of professional background, research has yielded contradictory results. Some research indicates that experience and level of training has little effect on the outcome of therapy (Luborsky et al, 1997) and some suggests that more experienced psychotherapists achieve more favorable outcomes (Blatt et al, 1996; Hupert et al, 2001; Propst et al, 1994). Therapists of different professional backgrounds (i.e. psychologists, psychiatrists, social workers, clergy, etc) have also been compared in terms of outcome and results show that the differences in outcome ranges from moderate (Barlow, Burlingame, Harding, & Begrman, 1997; Howard, Krause, Caburnay, & Noel, 2001; Seligman, 1995) to negligible (Bowman et al, 2001). These conflicting results may reflect a variety of uncontrolled variables such as the possibility that experienced therapists have access to a different client population than less experienced professionals. Beutler et al (1994) suggested that research could place more emphasis on comparing therapeutic skill level achieved rather than level of experience, amount of training, etc in order to provide more clarity on this important issue.

When summarizing the research on 'therapeutic styles,' these authors (Beutler et al, 2004) divided this category into reciprocal interactive styles, patterns of verbal expression, and the combined effect of therapists' verbal and non-verbal styles. Interpersonal styles were generally described along two dimensions; friendly-unfriendly and submissive-dominant. Friendly or positive therapist behaviors have been generally associated with positive therapeutic outcome (Beyebach & Carranza, 1997; Coady, 1991; Henry, Schacht, & Strupp, 1990; Najavitis & Strupp, 1994). In terms of dominance/submissiveness as a therapist variable, research has demonstrated that generally, a similar level in friendliness between therapist and client combined with contrasting levels of dominance leads to positive outcomes in therapy (Andrews, 1991; Henry, Shacht, & Strupp, 1990) Research related to verbal style of therapists has indicated that the verbal style of therapists and clients converge over time and that the strength of this convergence is related to client improvement and retention in therapy. In terms of therapists' non-verbal styles, some data suggest that selective non-verbal behaviors such as touch and proximity can enhance the therapeutic alliance (Davis & Hadiks, 1991; Goodman & Teicher, 1988; Hill & Stephany, 1990). However these gestures can also carry negative consequences for the therapeutic relationship (Goodman & Teicher, 1988; Hill & Stephany, 1990). Therefore the effect of therapist non-verbal styles on the therapeutic alliance is yet to be determined. Regardless of the therapist verbal and non-verbal patterns, it has been demonstrated that congruence between these two variables is associated with a positive outcome in therapy (Bernieri, Blanck, Rosenthal, Vannicelli, & Yerrell, 1991).

In terms of therapist interventions, the use of manualized therapy has received mixed results. Some researchers have cited positive outcomes in therapy with this type of treatment (Addis, 1997; Barlow, 1994; Chambless & Ollendick, 2001; Laidlaw, 2001; Waltz, Addis, Koernen, & Jacobson, 1993) and some have concluded that manualized therapy delivered negative results (Beutler, 2000; Castonguay, Goldfried, Wiser, Raue, & Hayes, 1996; Strupp & Anderson, 1997). When specifically comparing use of manualized therapy with non-manualized treatment, results range from negative effects found with manualized treatments (Emmelkamp, Bournah, & Bladuw, 1994), no difference between the two (Bein et al, 2000), to manualized treatments yielding positive results (Schulte, Kunzel, Pepping, & Schulte-Bahrenberg, 1992). The related concept of 'therapist skill' has received minimal attention in terms of research. Generally, it has been found that therapist competence and skill is associated with facilitative therapeutic relationships and to positive outcomes in therapy (Beutler et al., 1994).

Finally, specific therapeutic procedures were examined, including therapist directiveness and therapist self-disclosure (Beutler et al., 2004). Research has yeilded contradictory results in terms of whether therapist directiveness is related to positive outcome. Svartberg and Stiles, (1991) suggest that therapist directiveness is negatively associated with client outcome whereas Beutler, Clarkin, & Bongar (2000) and Borvovec and Costello (1993) believe that a high level of directiveness in therapy will yield positive outcomes for clients. Beutler et al. (1994, 2004) suggest that level of therapist directiveness may be dependent on a number of variables including client personality and the strength of the therapeutic relationship. Keeping in mind the dearth of research on therapist self-disclosure, the limited research that does exist suggests that some therapist self-disclosure builds the therapeutic alliance and facilitates positive treatment outcomes (Barrett & Berman, 2001; Piper et al, 1998; Watkins, 1990).

To summarize, although therapist demographic characteristics seem to have minimal impact on the course and outcome of therapy, virtually all other elements that practitioner bring to the therapeutic encounter have an impact on the therapy process. By being aware of the therapist characteristics that impact therapy positively, negatively, or not at all, therapists can adjust their clinical practice to be more effective in their work with clients. The following section will review studies identifying the characteristics of the effective practitioner. Both clinical opinion and empirical studies will be discussed separately.

The "Good Therapist"

The previous section discussed general therapist traits and characteristics that impact therapeutic outcome. Drawing from the existing literature on this topic, a number of practitioners in the field have written about their perspectives on the 'good' or 'effective' therapist. This section will outline some important opinions related to this concept and will focus primarily on writings that are rooted in therapeutic experience, practice, and observations.

Kottler (1991) uses the term 'compleat therapist' to describe the practitioner who is highly effective. In his description of the compleat therapist, he describes a clinician who is emotionally aware and open, is able to be fully present with a client, and perceives themselves as a facilitator of growth and development. This person is warm and passionately believes that the work of therapy will be helpful to the client. Kottler believes that the 'compleat' therapist "is found in the essence of who we are as human beings… who most often makes a difference by believing in himself or herself" (p.194).

The effective therapist is described as a 'role model' for the client by Corey (1991). He believes that a therapist's psychological health and 'degree of aliveness' are two essential components to positive outcome in psychotherapy. In addition to these two key components of the effective practitioner, Corey believes that effective psychotherapists possess a strong understanding and belief in ethics, a wide knowledge base, and superior competence in technical and counselling skills.

Some important therapist qualities that differentiate the most effective psychotherapists from the larger population of clinicians were articulated by Miller

(1993). He concludes that the best therapists are those who combine the qualities of flexibility, reflectivity, and creative thinking with genuine human relatedness and concern.

Jennings (1996) discussed Carter's (1995) view that the good therapist is "able to observe and hear and keep in mind, all at once, many levels of information related to a client's complex and multifaceted reality" (p.31). Carter believes that it is important for the therapist to not only focus on the particular issue that the client is dealing with in terms of therapy, but also the impact that family, social and political systems may be having on the client.

According to Pittman (1995), optimism is a key for the effective practitioner and their ability to turn tragedy into comedy is an important part of what makes them 'masters.' In his article, Pittman states that "…different therapists can look at the same event in a patient's life and either normalize them, making it all seem part of the shared experience of the human condition, or throw the patient into a defensive, seemingly paranoid assault upon the figures of the past who kept him or her from having a perfect life" (p.40).

Bassman (2000) addresses the question 'What is a good therapist?' from his own experience as a mental health hospital patient, a psychologist, and a mental health system critic. A 'good therapist,' according to Bassman, must expand their view to see the client as a whole person and to be sensitive to the uniqueness of the individual. This therapist is a role model for clients, models genuine interactions, and enables the natural development of motivation by expanding possibilities. Bassman believes that the 'the good therapist' attempts to decrease power imbalances in the therapeutic relationship and works collaboratively with clients. This therapist sees the potential in client and focuses on skills, strengths, and abilities rather than exclusively deficits and symptoms. Not only should the 'good therapist' be fully present in therapy and extend the warmth and richness of person to person contact, but should also understand the sociopolitical context in which a client's struggles occur.

A number of writers in the field have cited empathy as being the cornerstone of the 'good therapist.' Myers (2000; 2003) describes empathic listening as being an important key to building the therapeutic relationship and consequently, facilitating client change. Fox (2000) writes about her own experience dealing with schizophrenia and states that the empathy shown to her by her therapist was one of the most important aspects of her healing process. When asked what he considered to be the most important character traits and attitude in a good therapist, Collard (2004) states, "deep empathy and understanding…the ability to really understand another person…to see what they see, to feel what they feel…deep empathy is the core characteristic" (p.10).

In an article describing psychologists who function well, Coster and Schwebel (1997) isolate self-awareness and insight as keys to adequate therapist functioning. Hayes and Cruz (2007) describe a related stance, highlighting therapist insight as being a marker of a 'good therapist.'

Certainly many ideas exist surrounding what makes a person an effective therapist. These authors have shared their personal opinion, accumulated clinical lore, and experiences with effective psychotherapists. Some of the common threads in the writings of these individuals are their emphasis on therapists' warmth and empathy in therapy and the necessity of a strong therapeutic relationship. Also the idea of the therapists' ability to be emotionally open and aware was consistently described. Finally, the effective therapist was described as a facilitator of growth who was passionately committed to the process of therapy. Certainly, in the opinion of these experts, characteristics that emphasize strong relational abilities are at the core of what makes therapists effective. In the following section, this review will build upon the clinical opinion of these experts regarding the effective practitioner by outlining qualitative and quantitative studies exploring the 'effective therapist.'

Therapist Efficacy

This section will address research related to therapist efficacy. Therapist efficacy studies are often criticized for over-relying on 'therapists-in-training' for participants in programs of research (Goldberg, 1992). Skovholt and Ronnestad (1995) suggest that more experienced practitioners have accumulated the "hundreds and thousands of hours of learning and experience that can lead to expertise" (Jennings, 1996, p.15). The objective of the current literature review is to learn and understand the qualities of the effective practitioner and what contributes to their expertise. Therefore, this review will focus on studies that examine more experienced psychotherapists.

Wicas and Mahan (1966) examined the personality differences of effective and ineffective school counsellors. From the original group of 25 school counsellors, 8 counsellors were rated by supervisors as being 'effective' and 7 were rated as being 'ineffective.' It was found that the 'effective' counsellors were more self-controlled, were more sympathetic towards others, and were more patient and non-aggressive in personal relationships. It was found that the 'ineffective' counsellors strived to preserve the status quo and emphasized practical solutions to problems presented by clients.

Personality differences in school counsellors were investigated by dividing a group of 30 school counselors into 'effective' and 'ineffective' counselors (Demos and Zuwaylife, 1966). Although a number of personality scales were given to these therapists, only a small number of significant differences existed between the two groups. More effective counsellors scored higher on nurturance and affiliation traits. The least effective counsellors tended to score higher on aggression, abasement (humiliation), and autonomy.

Jackson and Thompson (1971) assessed the personality traits of seventy-three counsellors. Each counsellor took part in between 35 and 60 hours of counselling and was assigned to either the 'effective' or 'ineffective' group. Each group was measured on instruments of cognitive flexibility, tolerance for ambiguity, and counsellor attitudes. There was no difference found between the two groups in terms of cognitive flexibility and tolerance of ambiguity. However the most effective counsellors exhibited more positive attitudes towards themselves, clients, most people, and counselling than the least effective group.

An important issue that must be raised when interpreting the data of the previous three studies is the process of sample selection. In the first study, there were no uniform designators of 'effective' and 'ineffective' counsellors. All counsellors were divided into groups and members of the group selected the most and least effective practitioners. Therefore, the standards for the 'effective' and 'ineffective' groups may not have been uniform for all participants. In the second two studies, although the designation of 'effective' and 'ineffective' counsellor was made by the same group of people, the participants were simply divided in half. This process may not sufficiently identify the true essence of the 'effective' and 'ineffective' practitioner. This may also account for the lack of significant findings in these two studies.

Wiggins and Westlander (1979) measured the congruence between job performance and personality-environment. One hundred and eighty male school counsellors and 180 female school counsellors participated in the study. Supervisors rated counsellors as 'highly effective,' 'average,' and 'below average.' The highly effective counsellors scored higher on social and artistic themes on the Vocational Preference Inventory whereas ineffective counsellors scored higher on realistic and conventional themes. It was also found that counsellor effectiveness ratings were positively correlated to counsellor job satisfaction. That is, the more effective counsellors tend to be more satisfied in their jobs.

When interpreting these results, it is important to note that these findings are correlational in nature and therefore do not suggest a causal link between counsellor effectiveness and these measures of personal characteristics. A limitation of this study that certainly needs to be considered is the method of assigning participants to groups. Supervisors who rated the counsellors in their district would have different levels of familiarity with each counsellor's work and may have different perceptions of the counsellor's role. Some of the supervisors were school superintendents whereas some were the counsellor's immediate supervisor (i.e. the school principal).

A school principal, who would have much more contact with a counsellor than a superintendent, would have a greater level of familiarity with a counsellor's ability and therefore, would be a more valid judge of efficacy.

Congruence between counsellor effectiveness and personality-environment was measured by Wiggins and Moody (1983). One hundred and sixty counsellors were administered the Vocational Preference Inventory, the Hoppock's Job Satisfaction Questionnaire, and a Counselor Questionnaire. Therapist effectiveness was measured by their clients. The 50 counsellors who were rated the highest on these measures were assigned to the 'effective' group and the 50 counsellors who were rated lowest were assigned to the 'ineffective' group. Results revealed a moderate correlation between perceived counsellor effectiveness and counselor personality-environment congruence. It was also found that ineffective counsellors expressed more dissatisfaction with their work in general than did effective counselors. Similar to the previous study by Wiggins and Westlander (1979), it is important to note that a causal link cannot be drawn between counsellor effectiveness and the measures of personality/environment. As noted in Jennings (1996), there are two methodological problems with this design that are related to the measurement of counsellor effectiveness. Only three clients of each therapist were asked to rate the effectiveness of the therapist, which may not be enough to obtain an accurate portrayal of therapist effectiveness. As well, although supervisors were required to rate the therapists, only client ratings were used to assign each of the therapists into the more or less effective groups. It would be more effective to combine client ratings with supervisor ratings in order to determine whether a therapist should be assigned to a particular group.

In one study conducted by Luborsky, McLennan, Woody, O'Brian, and Auerbach (1985), outcome measures were used to determine counsellor effectiveness rather than relying on peer nominations. Therapist effectiveness was determined by patient improvement at the testing following the treatment when compared with the pre-treatment scores. Results revealed significant correlations between patient outcome and therapeutic alliance as well as patient outcome and therapeutic purity. A moderate correlation was found between therapist variables (interest in helping, adjustment, skill) and patient outcome. The authors concluded that "the major agent of effective psychotherapy is the personality of the therapist, particularly in the ability to form a warm, supportive relationship. In fact… the specific type of therapy may be less potent in affecting change than the therapist factors." (Luborsky, et al, 1985, p.609). One methodological concern with this study is the attrition rate of the participants. The original number of participants was 110, however only the data for 78 participants were used. It would be helpful for those reading the study to have more information about the attrition rates.

Personality variables of 'effective' and 'ineffective' therapists were examined by Lafferty, Beutler, and Crago (1989). Thirty therapists were chosen out of 45 who had treated clients in an outpatient clinic. Fifteen therapists whose patient's outcome scores were consistently more negative were assigned to the less effective group and 15 therapists whose patients' z-scores had a positive value were assigned to the more effective group. Each therapist was given a series of instruments to assess therapist variables, including therapists' adjustment, relationship attitudes, patient involvement, and directiveness/support level of the therapist. Less effective therapists were found to have lower levels of empathic understanding when compared to their more effective counterparts. Less effective therapists also tended to rate their patients as being more involved in treatment and to rate themselves as more supportive when compared to the more effective therapists.

Blatt, Sanislow, Zuroff, and Pilkonis (1996) examined the characteristics of effective therapists using data collected for the National Institute of Mental Health Treatment of Depression Collaborative Research Program. The 28 therapists who participated in this program of research were divided into three groups: 'more effective,' 'moderately effective,' and 'less effective.' When comparing the 'more effective' and 'less effective' therapists, three major differences emerged. The 'more effective therapists' tended to be more psychologically minded and tended to use biological interventions (medication and electroconvulsive therapy) less often in their ordinary practice. As well, the 'more effective' group expected that treatment would take longer when compared to the 'moderately effective' and 'less effective' therapists.

Stable personality characteristics of effective therapists were examined by consulting experts in the field of psychotherapy (Pope, 1996). The personality characteristics that were found to be the most important for effective therapists were acceptance, emotional stability, open-mindedness, empathy, genuineness, flexibility, interest in people, confidence, sensitivity, and fairness.

One qualitative study explored the experience of doing effective psychotherapy (Waldman, 1996). Six highly regarded therapists were interviewed to access their experience of therapy and phenomenological methods were applied in order to identify the common elements of their experience. Results of this study show that effective therapists were conscious of their own beliefs and values surrounding therapy and are willing to use themselves as instruments in therapy. These therapists have developed theoretical frameworks that were effective in helping to define, organize, and carry out the tasks of therapy, and were passionately committed to ongoing personal and professional growth.

Coady and Wolgien (1996) interviewed eight therapists who were identified as effective therapists by their peers to access their views of how they are helpful in therapy. Therapist reflection focused on their interpersonal and relational abilities within the context of the therapeutic relationship as opposed to their theoretical or technical abilities. In fact, these therapists believed that the strong ability to relate to others and form strong interpersonal relationship was the essential component of being an effective practitioner.

These studies exploring therapist efficacy suggest that the overarching theme that leads therapists to be effective may be their strong relational abilities. Many characteristics related to these strong relational abilities were identified, including an accepting attitude towards the self and others, a strong ability to form a warm and supportive therapeutic relationship, and strong empathic abilities. These finding support the notion that effective therapists tend to form secure therapeutic relationships with ease and that these relationships are an important part of successful therapy. Studies exploring practitioners that are not only effective, but are designated by their peers as being ‘masters’ when working with clients in therapy are considered in the following section.

“Master Therapists”

Harrington (1988) was the first to directly examine the ‘master therapist’ rather than the ‘effective practitioner.’ Harrington was interested in determining whether master therapists shared similar personality characteristics. The criterion for identifying ‘master therapists’ was the designation of the American Board of Professional Psychology (ABPP) ‘Diplomate Status,’ a group that the ABPP deem to have expert competency. Results indicated that master therapists share a number of personal characteristics, including “Ideal Self” (having a strong sense of personal worth), “Achievement” (to strive to be outstanding), “Endurance” (to persist in any task undertaken), and “Adult” (a subscale associated with the concept of a ‘mature adult’). These therapists scored consistently low on the following characteristics: “Unfavorable” (socially undesirable traits), “Succorance” (to solicit sympathy, affection, or emotional support from others), and “Adaptive Child” (deference, conformity and self-discipline associated with the concept of a very dutiful child). The personality traits of these diplomats were then compared to the personality traits of both the general population and psychology graduate students. A number of differences emerged through this comparison. It was suggested that diplomats had a stronger sense of emotional well-being than both psychology graduate students and the general population. As well, diplomats tended to have more characteristics associated with high achievers than these two populations.

In 1992, Goldberg interviewed 12 master therapists who were psychiatrists. Over 30 hours of interview time was spent doing a qualitative review of these participants' experience. Goldberg identified 12 individuals in the community who he felt were expert practitioners. Following the collection of data, a number of themes emerged. Goldberg found that these master therapists appeared to be sensitive and caring. As well, they were particularly dedicated to clients' welfare and to their own personal/professional development. These therapists often described an influential experience with a mentor who helped to guide and support them throughout their professional life.

Goldberg identified a number of similarities shared by these 12 master therapists. The first was a theme in their personal and therapeutic mission of overcoming adversity. Their understanding of themselves and their patients was also markedly characterized by their ability to relate theirs' and their patients' particularistic concern to a more universal vision of what is important in life. These 12 therapists seemed to reveal a vital presence, characterized by their experience and maturity. Finally, these 'seasoned psychotherapists' seemed to demonstrate an ongoing curiosity about the self and others that comes from a love of discovery.

One qualitative study exploring 12 expert psychiatrists identified four qualities that were common to each of the expert practitioners (Albert, 1997). The first quality these therapists demonstrated was flexibility and was defined as perceiving each patient as unique, constantly reformulating clinical hypotheses based on new data, and adapting to changes in the client as treatment progresses. The ability to create a place of sanctuary for the client (i.e. therapist listening to the client with complete absorption, therapist being totally focused on the patient, therapist providing a sincere respect for clients, therapist being non-judgmental, the importance of always being the patient's ally, therapist's ability to change their approach with the patient's needs, and finally, therapist not using the patient to satisfy his or her own personal needs) appeared to be an important quality of these therapists. These 12 practitioners demonstrated an expert ability to develop a therapeutic alliance (patient must be told what to expect in treatment and from treatment, therapist must have clear treatment goals, therapist must recognize the patient's strengths, therapist must not impose himself on the patient). Finally, a strong sensitivity to dynamic issues in patient and self appeared to characterize these therapists (important for therapist to understand the dynamics, therapist's therapy is important, importance of attending to countertransference).

Jennings & Skovholt (1999, 2004) interviewed master therapists with the goal of exploring and identifying their personal characteristics. Well regarded therapists with a mean of 31 years of clinical experience were chosen as key informants. Informants were chosen because of a) an involvement with training of therapists, b) a long-standing involvement with the local health community, and c) a reputation for being a well-regarded therapist. Each therapist was asked to nominate three master therapists. Nomination criteria included the following: a) person is considered to be 'master therapist' b) this person is most frequently thought of when referring a close family member or close friend to a therapist because that person is considered to be the 'best of the best' and c) one would have all confidence in seeing this therapist for one's own personal therapy; therapist might be considered a 'therapist's therapist.'

Each of the three nominated master therapists was asked to nominate three master therapists. This process was continued until a point of saturation was reached. That is, until the same therapist names were being nominated again and again. A minimum of four nominations were chosen as the cut-off point for the sample group. Ten therapists were nominated and agreed to participate in the process. Data were collected through a semi-structured interview questionnaire consisting of 16 open-ended questions. The questions were designed in an attempt to elicit information regarding the characteristics of master therapists. Following the transcription and qualitative analysis of the data (through a series of deriving themes that presented in the data), a second interview was conducted in which each respondent validated and refined the responses gathered in the initial interviews.

The results concluded that master therapists had particular cognitive, emotional, and relational qualities that allowed them to excel as therapists. In terms of cognitive abilities, the researchers found that these master therapists were voracious learners, that accumulated experiences had become a major resource for these therapists, and that these master therapists valued cognitive complexity and the ambiguity of the human condition. In terms of their emotional characteristics, the researchers concluded that master therapists appeared to have emotional receptivity defined as being self-aware, reflective, non-defensive, and open to feedback. They appeared to be mentally healthy and mature individuals who attended to their own emotional well-being. Finally, these master therapists were aware of how their emotional health affected the quality of their work. When describing these therapists' relational characteristics, Jennings and Skovholt (1999, 2004) observed that master therapists possessed strong relationship skills, that they held the belief that the foundation for therapeutic change was a strong working alliance, and they appeared to be experts at using their exceptional relationship skills in therapy.

Although they did not examine the specific characteristics of master therapists, Goldfried, Raue, and Castonguay (1998) considered the therapeutic focus in significant sessions of master therapists. They compared the focus of master therapists who worked within a cognitive-behavioral framework and master therapists who worked psychodynamically/interpersonally. Twenty-two master cognitive-behavioral therapists and 14 master psychodynamic-interpersonally oriented therapists participated in the study. Each therapist audio-taped sessions until they felt a session was significant. Criteria for 'significance' included that a) the session needed to focus on an interpersonal issue that was central to the client's clinical problems; b) the therapist observed an in-session impact on the client (i.e. a shift in clients' emotional state, the emergence of important clinical material, or the acknowledgement by the client of the importance of the session); and c) the therapist noted a change in the client, not due to external factors, within one or two weeks following the pivotal session. Relatively few differences were found within each group of master therapists. Results indicated that there were numerous differences between sessions the therapists labeled as significant and sessions that were labeled non-significant. These significant sessions tended to focus on clients' ability to observe themselves in an objective way, their evaluation of their own self-worth, their expectations about the future, and their emotions. Therapists noted that in these significant sessions, clients made more connections and links ('ah-hah' moments) than in sessions that were judged to be less significant. As well, during these significant sessions, therapists were more likely to encourage clients to take a more realistic view, to highlight how a particular reaction of the client (whether it be a thought or feeling) was part of a larger theme for the client.

Sullivan (2002, 2005) examined master therapists' construction of the therapy relationship. Master therapists from the study conducted by Jennings (1999) were interviewed to more thoroughly understand their perceptions of the therapeutic relationship and their beliefs about what dimensions are important in therapy. Open-ended interviews were conducted with each of the ten participants. Results of the interviews were analyzed into themes, categories and domains using an inductive analytic procedure. They organized these domains as follows.

- The Safe Relationship Domain is comprised of three categories of master therapist actions
    1. responding to the client
    2. deepening the therapeutic relationship
    3. collaborating with the client
- The Challenging Relationship Domain is comprised of three categories of master therapist actions
    1. using the self as an instrument of change
    2. maintaining an objective perspective on the relationship
    3. an intense engaging of the client in the relationship

The emotional wellness and professional resiliency of master therapists was explored by Mullenbach and Skovholt (2004). They identified 23 themes within five categories as being integral to the emotional functioning of these master therapists. The first category identified 'professional stressors' that participants found to be highly taxing. These stressors included facing issues that challenge these therapists' competency, finding themselves in a 'frozen therapy process,' having difficulty in a peer relationship, and being affected by an intrapersonal crisis. The second category identified by these researchers described 'the emergence of the expert practitioner' and the general qualities held by these practitioners that appeared to impact their resiliency. These qualities included an early introduction to the helping role, searching for a professional niche as novices, learning the role of limits and boundaries in psychotherapy, experiencing less anxiety associated with practice over time, moving towards a use of self as opposed to a theory-based model, developing views on attachment and separation processes, and developing a profound understanding of human suffering. The third category described this group's commitment to creating a positive work structure, a process which appeared to have been instrumental in the development of their emotional wellness and resiliency. Therapists indicated that mentor and peer support was critical at the novice phase of their practice, that they developed ongoing and enriching peer relationships, that they engaged in multiple roles (which serve as a protective factor) and that they put a great deal of energy into creating health-promoting work environments. Category 'D' described 'protective factors' that appeared to enhance participants' emotional wellness and included participants' tendency to directly address highly stressful professional dilemmas, to confront and resolve personal issues, and to be highly engaged in learning. Finally, these therapists appeared to 'nurture the self through solitude and relationships.' This was generally accomplished through fostering professional stability, nourishing a personal life, investing in a broad array of restorative activities, constructing fortifying personal relationships, and valuing an internal focus.

Jennings and colleagues (2004, 2005) went on to explore nine ethical values inherent in the practice of master therapists. Archival data (transcripts from Jennings & Skovholt, 1999) were reviewed to identify themes related to ethical values in master therapists' functioning. Two broad categories emerged and included the importance master therapists placed on 'building and maintaining interpersonal attachments' as well as the importance they placed on 'building competence and maintaining expertise.' These therapists appeared to build and maintain interpersonal attachments through fostering and nurturing their relational connections, both in professional and personal relationships. Therapists also nurtured their attachments through upholding the ethical value of autonomy in relationships through respecting the rights of 'the other,' (whether it is client, colleague, or family member) to self-determination. These therapists addressed the ethical values of beneficence and nonmaleficence through their commitment to improving the welfare of others and maintaining a strong awareness of the potential for damage in the context of the therapeutic relationship. These therapists took whatever steps required (i.e. self-care, personal therapy) to minimize possible risks to clients. These master therapists also placed a great deal of importance on building and maintaining their expertise. They developed and enhanced their 'competence' through a dedication to ongoing learning in a variety of forms. These therapists portrayed a humility that allowed for an awareness of their personal and professional limits. They continually sought out formal and informal training, which contributed to ongoing 'professional growth.' These therapists reflected 'openness' and showed a great commitment to 'self-awareness.' They seemed to have a highly developed sense of the impact their own issues could have on their practice.

A portrait of the master therapist was developed by Skovholt and Jennings (2004) by taking into consideration the results of the above-mentioned four studies. They began by describing an expanded form of Jennings and Skovholt's (1999) cognitive, emotional, and relational characteristics of these therapists. When considering cognitive characteristics, they maintained that the master therapist embraced complex ambiguity, was guided by accumulated wisdom, was insatiably curious, had a profound understanding of the human condition, and was a voracious learner. From an emotional perspective, the master therapist held a deep acceptance of self, was genuinely humble, had a high level of self awareness, and had an intense will to grow. This therapist passionately enjoyed life, was quietly strong, and was vibrantly alive. In relationships, the master therapist intensively engaged others, had an acute interpersonal perception, and had a nuanced ethical compass. These therapists were piloted by a boundaried generosity, displayed a relational acumen, and openness to live, and welcomed feedback.

Skovholt and colleagues (2004) listed a number of paradoxical characteristics that these therapists held including the drive to mastery, yet never having a sense of having fully arrived. They were able to deeply enter another's world yet often preferred solitude. Master therapists created an exceedingly safe environment for clients and also had the ability to create a challenging environment for clients. They were highly skilled at harnessing the power of therapy yet were quite humble about the self. They had skillfully integrated the professional/personal self, but had clear boundaries between the professional/personal self. They were voracious, broad learners, yet narrow, focused students. They were excellent at giving of self, yet great at nurturing the self. Finally, master therapists were very open to feedback about self but were not destabilized by this feedback. This beautiful portrait provided therapists with an ideal towards which to strive.

Moving beyond studying practitioners who are essentially effective, this group of researchers sought to describe the characteristics of experts, or true 'masters' in the field of psychotherapy. Perhaps the most consistent finding in these studies, which was also true of the studies investigating effective therapists, was the ability of these therapists to consistently develop strong, secure relationships with their clients. Some additional findings describing the master therapist are the fact that these therapists were very aware of their own emotional well-being and how this influences therapy, they were very interested in learning and development, and they seemed to possess a great wealth of experience, both personally and therapeutically.

This review will now move from exploring the factors that individual therapists bring to the therapeutic encounter, particularly the contributions of the effective and 'master' individual therapist, to examining the current couple therapy literature. One point of interest related to the available research in the area of couple therapy is the minimal attention directed towards the elements the couple therapist brings to the therapeutic encounter.

Couples Therapy Research

The Early Years

The field of couple therapy began to be recognized as a distinct entity in the early 1930's (Gurman & Fraenkel, 2002; Johnson & Lebow, 2000). During the first forty years of this discipline, very little empirical research took place (Gurman & Fraenkel, 2002). The research that did occur during this time frame was primarily descriptive in nature and focused on outcome studies. Typical outcome studies were reports by one practitioner on a sample of his/her own clients using his or her own ratings as data (Olsen, 1970).

During the 1970's and the early 1980's, the field accumulated a significant number of studies that primarily focused on treatment outcomes. These results provided much needed information to guide clinical practice and treatment planning. According to Gurman and Fraenkel's (2002) perspective of the marital therapy research, results revealed the following findings.

1. Non-behavioral couple therapies produced beneficial outcomes in terms of marital distress and satisfaction in about two-thirds of cases.
2. The positive effects of couple therapy exceeded those of no treatment.
3. Conjoint therapy was more effective than individual therapy for marital difficulties.
4. Positive outcomes occurred in treatments of relatively very short duration, by traditional psychotherapeutic standards (i.e. about 12 to 20 sessions).

5. Couple therapy was helpful, alone or in combination with other (e.g. individual) interventions, in the treatment of certain psychiatric disorders (e.g. depression, alcoholism, anxiety disorders) usually treated in individual psychotherapy.
6. As in non-marital individual psychotherapy (of non-marital problems), couple therapy at times was associated with periodic (up to 10%) individual or relationship deterioration. Such negative effects were especially associated with therapist style, early in therapy, of confronting patients with highly affective material, while providing minimal support and structure to treatment.
7. Co-therapy was no more effective than single therapist treatment.

Current Research

Theoretical Orientation. After establishing that couple therapy was essentially helpful, researchers began to develop and study particular models of couple therapy and sought to empirically validate therapies. This was a necessary step for the field because it challenged the more dominant individual therapy zeitgeist (Sprenkle et al, 2002). In order to challenge this dominant trend, couple therapists emphasized their distinctiveness. Research to bolster this position followed with a focus on theoretical orientation.

To date, five models of couple therapy have been found to be more effective than no therapy (Johnson & Lebow, 2000; Gortner, Gollan, & Jacobson, 1996). These models of therapy are behavioral marital therapy (Jacobson & Margolin, 1979), emotionally focused therapy (Greenberg & Johnson, 1988), integrative behavioral couple therapy (Cordova, Jacobson, & Christensen, 1998; Jacobson & Christenson, 1996), cognitive-behavioral couple therapy (Baucom & Epstein, 1990, 1992), and insight-oriented couple therapy (Snyder & Wills, 1989). Of these therapy models, the two that are deemed to be empirically supported treatments for distressed couples are behavioral marital therapy (Jacobson, 1984, 1984) and emotionally focused therapy for couples (Johnson, Hunsley, Greenberg, & Schindler, 1999).

Behavioral marital therapy has been described as a skills-oriented approach and emphasized the importance of couples developing basic skills and understanding of relationship patterns in order to improve the quality of their relationships. In the context of behavioral marital therapy, couples were taught effective communication and problem solving skills. The behavioral marital therapist assisted couples to orchestrate behavior changes with the goal of increasing the frequency of pleasing interactions while simultaneously minimizing any destructive or negative interactions in which the couple is engaged (Baucom, Epstein, Daiuto, & Carels, 1998).

This approach to couple therapy had its basis in social learning principles including behavior exchange strategies (for example, teaching couples to contract for reciprocal behavior changes) and involved teaching couples effective communication and problem-solving skills. The interventions performed by the behavioral marital therapist were clearly rooted in the present and addressed behavior/interaction patterns within a couples' awareness. These interventions involved specific changes aimed at promoting more adaptive functioning within the relationship. A hallmark of the behavioral marital approach was the importance of homework exercises and the application of the principles outside of the therapy session (Baucom et al, 1998).

In 1993, Shadish and colleagues reported that on average, distressed couples who participated in behavioral marital had higher scores on outcome measure than 83% of couples not receiving treatment. Often, cognitive interventions supplemented behavioral treatment. Baucom and colleagues (1998) reviewed literature evaluating empirically supported couple therapies and reported that 42% of couples receiving both cognitive and behavioral intervention reported that they were not distressed at the end of treatment. Studies focusing on Integrative Behavioral Couples Therapy (one of the cognitive-behavioral treatment therapies) supported previous findings of efficacy (Cordova, Jacobson, & Christenson, 1998).

However, recent research questioned the durability of behavioral interventions in couple therapy. Specifically, during a follow-up study of 34 initially recovered couples, it was reported that 30% of these couples relapsed within two years of termination of behavioral martial therapy (Jacobson, Schmaling, & Holtzworth-Munroe, 1987). Snyder and colleagues (1991) reported that 38% of the 30 couples who had participated in behavioral marital therapy divorced within four years of termination of therapy. Finally, a review done by Jacobson (1989) indicated that 25% of couples who received behavioral marital therapy had relapsed at a six month follow-up.

Emotionally focused couples therapy has also been deemed an empirically supported therapy for distressed couples (Gurman & Fraenkel, 2002; Gollan & Jacobson, 2002; Johnson & Lebow, 2000). Emotionally focused therapy emphasized the centrality of emotion in marital distress and psychotherapy. With this approach to marital psychotherapy, distress was conceptualized as an insecure bond that developed within a couple where partners' essentially healthy attachment needs were not met due to rigid interaction patterns that blocked emotional engagement. During therapy, each partner explored and communicated their emotional experience of the patterns that had developed in the relationship. As each partner's attachment needs became increasingly clear, partners began to understand both themselves and their partners from a different, and often more sympathetic perspective. This shift often prompted a new, less defensive interaction style between partners (Baucom et al, 1998)

According to Johnson (1996), the emotionally focused marital therapist had three essential tasks for therapy. The first was the development of a strong, healthy alliance between therapist and the couple, which was considered to be a prerequisite for successful therapy. This was often accomplished by validating each partner's experience and focusing on humanistic and experiential interventions, such as empathic attunement, acceptance, and genuineness. One assumed that the alliance must continually be monitored and that any rupture must be attended to and repaired before therapy can continue. The second task of the emotionally focused therapist was to facilitate the identification, expression, and restructuring of emotional responses. During this phase of therapy, the therapist drew attention to the more vulnerable emotions (i.e. fear) that played a role in the couples' negative interactions, which most commonly followed a blamer/withdrawer pattern. These vulnerable emotions were usually most salient in terms of attachment needs. The therapist then focused on the goal of working to restructure the established interaction patterns of the couple. The therapist began by tracking the negative interaction cycles that constrained and narrowed partner's responses to one another. The therapist used structural and systemic techniques to develop new relationship events. Problems in the relationship were reframed in terms of negative cycles and in terms of attachment needs/fears. The focus of therapy became creating a dialogue between the partners to foster more secure attachments. The goal of successful therapy from this framework was for "each partner to experience the other as a source of security, protection, and comfort. They can then assist each other in regulating negative affect and constructing a positive, potent sense of self" (Johnson, 1996, p.6).

Baucom and colleagues (1998) reported that emotionally focused therapy is effective with distressed couples. In fact, it has been reported that 70% to 73% of couples are no longer distressed following 8-12 sessions of emotionally focused marital therapy (Johnson & Greenberg, 1994; Johnson et al., 1999). At a two-year follow-up, 13 couples who had chronically-ill children and received emotionally focused interventions reported very little deterioration of positive gains made in therapy and actually reported an increased satisfaction in their relationship (Cloutier, Manion, Walker, & Johnson, 2002).

Insight oriented psychotherapy (which is associated with psychodynamic therapy) has been investigated by Snyder and colleagues (Snyder & Wills,1989; Snyder et al., 1991). These researchers provided data in support of long-term positive effects. Snyder and colleagues (Snyder & Wills, 1989; Snyder et al 1991) established that the positive results present at termination of insight oriented couple therapy for a group of 30 couples were still present at a four-year follow-up and noted that only three percent of these couples pursued divorce.

Beyond global studies on the efficacy of treatment and its outcome, research on couple therapy has also focused on factors that predicted responses to treatment. In general, Gollan and Jacobson (2002) identified three factors that were associated with improved responses in treatment: demographic characteristics, relationship factors/processes, and therapy process characteristics.

In terms of demographic characteristics, Gollan and Jacobson (2002) assert that younger couples responded more readily to therapy when compared to older couples (Baucom, 1984; Hampson, Prince, & Beavers, 1999). As well, couples without children tended to fare better than couples who had one or more offspring (Baucom, 1984; Hampson, Prince, & Beavers, 1999).

When considering relationship factors and processes, researchers found that relationship dissatisfaction, emotional disengagement (defined as infrequent sex and low emotional responsiveness), and low commitment to the relationship (such as filing for divorce) were associated with poorer treatment prognosis (Beach & Broderick, 1983; Crow, 1978; Jacobson, Follette, & Pagel, 1986; Snyder, Magram, & Wills, 1993). Treatment efficacy was also reduced in heterosexual couples who followed traditional roles: the male as the 'distancer' and the female as the 'pursuer' (Jacobson, Follette, & Pagel, 1986). The effectiveness was also reduced when one person in the couples suffered from serious psychopathology (Snyder, 1993). When examining treatment approaches, Crane, Griffin, and Hill (1986) reported that in their study of 52 couples, these clients' perceptions of the goodness of fit between their beliefs about relationship change and how the treatment addressed these beliefs was predictive of outcome.

Gurman and Fraenkel (2002) reviewed the literature regarding the efficacy of couple therapy and made the following comments regarding predictive factors of therapeutic success. They maintained that behavioral marital therapy tended to be most helpful for those couples who were younger, less distressed, less gender-polarized (in terms of traditional gender roles), more emotionally engaged in the relationship, and committed to the relationship. In emotionally focused couple therapy, couples who were more likely to benefit from therapy were those who were older and emotionally engaged. The level of pre-marital distress and gender roles within the relationship appeared to be unrelated to the therapeutic outcome (Gurman & Frankel, 2002; Johnson, 2003). Finally, Insight-Oriented Marital Therapy tended to work best with younger couples, couples who had lower distress levels, and those who were emotionally engaged (Gurman & Fraenkel, 2002; Johnson, 2000).

Gottman advocated for empirically building marital interventions, rather than extrapolating from individual or family therapies. Gottman and colleagues accomplished this by empirically observing married couples. According to Gottman, Driver, and Tabares (2002), this work has been explored through seven in-depth non-interventional studies. These studies investigated the “masters” of marriage, (whom Gottman described as relatively happily married couples varying across the lifespan), the “disasters” of marriage (when this group explored predictors of divorce and marital satisfaction), and the co morbidity of physical violence with marital distress. Gottman et al (2002) reported that this research has taken a ‘multi-method’ approach that has included an exploration of interactive emotional behavior between couples, self-report data, and physiological monitoring.

Some of the most prominent findings by this group of researcher have been the description of the features of functional and dysfunctional marriages. Gottman and colleagues (2002) identified “seven bad habits of unsuccessful marriages.” The first ‘bad habit’ distressed couples encountered was the engagement in more negativity than positivity in a marriage (their research has found that the ratio of negativity to positivity in stable marriages was 1:5, while couples heading for divorce had a ratio of 0.8:1) (Gottman, 1993, 1994). They maintained that although the presence of positive affect during everyday interactions and conflict resolution was crucial, research showed that negativity was also necessary in marriages and that the absence of negativity was actually problematic. The Gottman research group had also declared that the ‘four horsemen of the Apocalypse’ (criticism, defensiveness, contempt, and stonewalling) were particularly destructive to romantic relationships (Gottman et al, 2002). The failure of attempts to repair difficulties within the relationship has also been found to be toxic to a relationship. Gottman and colleagues (2002) suggested that rather than working to prevent fighting and arguing the couple therapist should assist the couple in processing these fights. A fourth feature that characterized distressed marriages was what Gottman termed ‘negative sentiment override’ (Gottman 1993; Gottman et al, 2002). Negative sentiment override was defined as a tendency to perceive relationships events as negative, rather than neutral. A fifth quality of the distressed marriage was the concept of flooding (when partner’s felt overwhelmed by each others complaints) and the typical pattern that often followed this concept; the distance and isolation cascade (Gottman, 1993, 2002). Gottman described this pattern as a series of events that began with flooding, continued as couples began to lead parallel lives, and finally resulted in a profound loneliness. Couples in distressed marriages often suffered from chronic, diffuse physiological arousal and immunosuppression (Gottman, Coan, Carrere, & Swanson, 1998; Gottman & Levenson, 1992). Finally, Gottman and colleagues described two patterns that were common with distressed couples that involved the failure of husbands to accept influence from their wives. Gottman described these patterns as male emotional disengagement, which eventually led to a mutual emotional disengagement or male escalation (belligerence, contempt, defensiveness) in response to female low-intensity negative affect, usually taking the form of complaining (Gottman et al, 1998).

This group of researchers also identified characteristics of the stable and satisfying marriage. Gottman described three styles of dealing with conflict in the context of a marriage; avoidance (when spouses avoided marital conflict and did not attempt to persuade each other to take another stance), validation (when each partner listened initially and subsequently attempted to persuade the other), and finally, volatility (when both spouses immediately attempted to persuade each other to take another stance during conflict) (Gottman, 1993). It appeared that problems did not necessarily arise when couples both took the same approach to conflict, but became present when there was a mismatch in partners' styles.

A second characteristic of the stable marriage had to do with resolvable and irresolvable issues in a marriage and how these issues were dealt addressed. A mere 31% of couples' major continuing disagreements were about issues that were actually resolvable. The other 69% of issues included issues Gottman described as "irresolvable perpetual problems." When happily married, satisfied couples addressed resolvable issues, they tended to present issues in a gentle way, what Gottman named a "soft startup" ("I miss you and need more of you in my day") rather than a harsh startup ("You are so emotionally unavailable to me. What's wrong with you?") (Gottman, 1993; Gottman et al, 2002). When dealing with these issues, satisfied partners tended to accept the influence of their partner and engaged in effective repair attempts. When dealing with these issues, anger was not dangerous, but the expression of anger through the "four horsemen" could lead to significant problems. Satisfied partners also had a distinct approach to dealing with the 69% of issues in their marriages that were irresolvable. Content and satisfied partners did not necessarily resolve these problems, but the dialogue regarding their differences in opinion was laced with acceptance and even amusement, rather than a harsh gridlock (Gottman, 1993; Carrere, Buehlman, Gottman, Coan, Ruckstum, 2000).

From this wealth of observational data, Gottman and colleagues developed an empirically derived marital treatment they termed the 'Sound Marital House' theory. This theory began with an attempt to create positive affect in a nonconflictual context resulting in a true friendship within the marriage. This was accomplished by what Gottman termed love maps (truly knowing one's partner and keeping up to date with this knowledge), developing a fondness and admiration system, and establishing a pattern of partners "turning towards" each other in times of stress, conflict, and also happiness, rather than "turning away." The theory then focused on creating a system of "positive sentiment override," whereby one spouse made a comment that observing judges may have interpreted as loaded with negative affect and then was received as a neutral message by the other spouse. The theory then focused on regulating conflict through establishing dialogue with perpetual problems instead of adopting a gridlock position, developing skills for solving the problems that can be solved, and developing positive affect in the face of conflict and physiological soothing. Finally following the implementation of the previous three stages, this theory focused on creating a shared symbolic meaning within the marriage, including meshing individual live dreams and narratives.

Therapeutic alliance and outcome in couple therapy. One concept that consistently emerged in the individual therapist efficacy, master therapist, and therapist variable literature was the ability of the 'effective' or 'master' therapist to establish and maintain a strong therapeutic alliance. This strong, positive therapeutic alliance/relationship has been consistently associated with positive outcomes in psychotherapy (Barber et al, 2000; Barber et al., 2001; Bernal et al., 1998; Blatt et al., 1996; Hillard et al, 2000; Martin et al., 2000).

The literature in the area of therapeutic alliance explored both patient and therapist contributions to this important component of effective psychotherapy (Orlinksy, Ronnestad, & Willutzki, 2004). This discussion focused on the therapists' contributions to the therapeutic alliance in order to shed light on specific therapist variables that could influence the alliance.

Orlinksy, Ronnestad, and Willutzki (2004) described the level of therapist engagement as being an important component of the therapeutic alliance and outcome in therapy. Patients of therapists who were viewed as being positively engaged reported much better outcomes that patients who had therapists who were viewed as less engaged (Eugster & Wampold, 1996; Hatcher, 1999; Saunders, 1998; Stiles et al., 1998). Another component of the therapeutic alliance is described as being important was the level of rapport established between therapist and client (Orlinsky et al, 2004). Two important building blocks of rapport that the therapist contributed to the process of building the therapeutic alliance were therapist empathic understanding and affirmative therapist behavior. Both therapist empathic understanding (Ablon & Johnes, 1999; Saunders, 2000; Bohart et al., 2002) and affirmative therapist behaviors (Archer et al, 2000; Eugsten & Wampold, 1996; Hatcher & Barends, 1996; Murran et al, 1995; Najavitis & Strupp, 1994; Rector, Zuroff & Segal, 1999, & Stiles et al, 1998) were strongly correlated with positive outcomes in therapy.

Although there was extensive empirical literature that addressed the therapeutic alliance and therapist contribution to this alliance, much of this research focused on individual psychotherapy (Sexton, Alexander, & Mease, 2004). Comparatively minimal attention has been given to the therapeutic alliance in couple therapy (Sexton et al., 2004), although significant strides have been made over the past five years.

In any case, research has demonstrated that a strong therapeutic alliance was related to positive outcome in couple therapy (Brown & O'Leary, 2000; Frielander et al, 2006; Johnson & Talitman, 1997; Symonds & Horvath, 2004) as well as high follow-up levels of marital satisfaction (Johnson & Talitam, 1997). Research has also revealed that therapist behavior commonly associated with a strong therapeutic alliance (fostering hope, creating a climate of trust and safety) helped to facilitate positive therapeutic change for couples (Christiansen, Russel, Miller, & Peterson, 1998). Symonds and Horvath (2004) confirmed previous findings that a strong therapeutic alliance was related to therapeutic change and observed that this change was even more pronounced when there was an agreement between the partners of the strength of the alliance and when this alliance increased as therapy progressed. Mamodhoussen and colleagues (2005) found that partners' individual psychiatric symptoms did not predict alliance formation. Although previous studies (Bourgeois et al, 1990; Johnson & Talitman, 1997) reported that prior levels of marital adjustment did not impact formation of an alliance, Mamodhoussen and colleagues (2005) maintained that higher levels of martial distress predicted poor alliances in subsequent couple therapy. Knobloch-Fedders and colleagues (2004) suggested that this discrepancy may have been attributable to the previous two studies having not analyzed their data separately by gender. This group (Knobloch-Fedders et al., 2004) also reported that individual symptomatology did not predict quality of alliance formation and that higher levels of marital distress predicted poorer alliances. These researchers also found that family-of-origin distress predicted quality of the alliance formation for both men and women.

Research has also begun to explore the phenomenon of 'split alliances,' which is unique to the context of couple therapy. A 'split alliance' occurs when both members of the couple do not agree on their perceptions of the therapeutic relationship (Friedlander et al, 2006). Knobloch-Fedders and colleagues (2004) reported that heterosexual couples' split alliances with the therapist in session one were significantly related to a history of distressed family-of-origin relationships. In session eight, split alliances were most frequent when wives continued to view the marriage as distressed. Outcomes were better when husbands' alliances with the therapist were stronger than those with their wives. Mamodhoussen and colleagues (2005) found that split alliances occurred more frequently in younger, recently married couples. They found that divergent perspectives on the alliance were more likely when men were highly distressed about the marriage and their wives had fewer mental health symptoms.

Conclusions & Rationale for the Current Study

This literature review began by describing the general factors therapists bring to the therapy process that impact the course and outcome of therapy. The general findings of this stream of research were that although therapist demographics seemed to have little impact on therapy, virtually all other elements that therapists bring to the therapeutic encounter (such as personality/coping patterns, emotional well-being, values/beliefs, and cultural attitudes) had an impact on the course and outcome of therapy.

The review then exploreed literature describing effective, and in particular "master" (as defined by Jennings & Skovholt, 1999, 2004) individual therapists. According to Jennings and Skovholt (1999, 2004), the master individual therapist possessed remarkable cognitive, emotional, and relational characteristics that appeared to contribute to their excellence in delivering psychotherapy. Although these researchers have provided valuable information regarding the 'master individual therapist,' there is no information currently available describing the 'master couple therapist.' Since the couple therapist works with a number of conditions that are clearly distinct from the context of most individual therapy (i.e. working from a systemic perspective, an expanded direct treatment system, and therefore, an expanded therapeutic alliance), it is plausible to expect that the skills and characteristics of the master couple therapist may be different than those of the master individual therapist.

When the current couple therapy literature was consulted, the major focus of research was on theoretical orientation and empirically supported therapies. The majority of findings in the field of couple therapy were related to the two empirically supported therapies for treating distressed couples: Behavioral Marital Therapy (Jacobson & Margolin, 1979) and Emotionally Focused Couples Therapy (Johnson et al, 1999). Research has also examined factors that predicted clients' responses to treatment and which empirically supported therapy would work best with which particular couples. The major exception to this focus on theoretical orientation in couple therapy research was the significant body of literature that explored trends in stable marriages and marriages headed towards dissolution (Gottman et al, 2002) and a growing number of studies exploring the therapeutic alliance that supported the notion that the therapeutic alliance was an important determinant of client change in the couple therapy process.

While Gottman's research and the relatively small group of studies investigating the therapeutic alliance perhaps signify a change in the direction of couple therapy research, many more aspects of couple therapy need to be explored before we have a good understanding of the couple therapy process. One small step towards a more thorough understanding of this process is to explore the characteristics, skills, and experiences of master couple therapists. How do these acknowledged experts handle the demands and challenges that are unique to this type of therapy? This information may have practical implications for the individual practitioner and provide them the opportunity to consider what aspects of these findings, if any, may help to improve their own practice. Because of the compelling need for good couple therapy in today's society of distressed couples (Gollan & Jacobson, 2002; Gurman & Fraenkel, 2002; Johnson & Lebow, 2000), gaining information about the master couple therapist will certainly contribute to a more thorough understanding of the complex process of couple therapy.

Methodology and Methods

The following sections reviews Merriam's (2002) basic interpretive and descriptive qualitative inquiry and briefly situates this methodology within the constructionist paradigm. The procedures used to obtain a sample of master couple therapists and nominators are reviewed and the methods used for data collection and analysis are outlined. Issues related to ensuring quality in qualitative research as suggested by Merriam (1998, 2002) are discussed, including internal validity, reliability, external validity, and ethical considerations. Finally, a discussion of the researcher as a tool in the research process is presented that highlights the researcher's experience with the concept of master couple therapists.

Basic Interpretive and Descriptive Qualitative Study

The basic interpretive qualitative study exemplifies the key characteristics of qualitative research in general, but does not focus on culture, building a theory, or studying a single unit or bounded system. Instead, the basic interpretive qualitative study "simply seeks to discover and understand a phenomenon, a process, or the perspectives and worldviews of the people involved" (Merriam, 1998, p.11). Therefore, when undertaking a basic interpretive qualitative study, the researcher attempts to understand the meanings people have constructed about the world and their experiences (Merriam, 2002). This constructionist stance supports the notion of multiple realities, the idea that each individual's subjective world is composed of unique and personal meaning (Merriam, 1998, 2002). The current study will place particular value on the participants' unique reality, their personal experiences, and their interpretations of that experience. This research was an inductive process that gathered, described and interpreted verbal data to build an understanding of the experiences and practices of master couple therapists. A section describing the researcher's preconceptions and understandings has therefore been included, as the researcher in the current investigation acted as the primary instrument for data collection and analysis. This role of researcher as primary instrument is standard in interpretive research (Merriam, 1998; 2002).

This particular methodology was chosen because it was suitable for the exploration of the master couple therapists. The basic interpretive qualitative study is particularly helpful when very little is known about a phenomenon or process, as it provides an in depth description and rich understanding of the phenomenon in question (Merriam, 1998). Currently, no literature was found that focuses primarily on describing master couple therapist. Therefore, the basic qualitative approach offers the opportunity to gain a deep understanding of this population and their experience. As Merriam (1998, 2002) also suggests, one of the major goals of the basic interpretive qualitative study is to discover and understand a particular phenomenon, process, or perspectives/worldviews of the individuals involved. This goal is consistent with the current study's primary objective to obtain a thorough understanding of the perspectives of the master couple therapist. It was therefore concluded by the researcher that the most appropriate approach to access this experience was the basic interpretive qualitative study.

Methods

Participant Selection

Three distinct groups of participants took part in the current study. The first group was the general community of couple therapists who provided nominations for practioners they considered to be masters when working with couples (the nomination process is described in detail later in this section). The second group, who will further be known as 'master couple therapists' or 'primary participants,' were those therapists who were most frequently nominated by their colleagues as masters when working with couples in their practice. The third group of participants was comprised of one randomly selected nominator for each master couple therapist who expanded on their decision to nominate these particular practioners.

The primary participants in this study were selected through the process of "purposeful sampling." This type of sampling strives to select "information-rich" cases for in-depth study. "Information-rich cases" are those cases, from which a great deal can be learned about the particular issue, construct, or behavior being studied (Patton, 1990). In the present investigation, these information-rich cases are therapists who are masters at working with couples. Patton (1990, 2002) describes a number of purposeful sampling strategies available for selecting information-rich cases such as extreme case sampling, intensity sampling, and maximum variation sampling. In this particular study, extreme sampling was used in the selection of 'master couple therapists.'

Extreme case sampling "focuses on cases that are rich in information because they are unusual or special in some way" (Patton, 1990, p. 196). In the present study, therapists considered ‘masters’ of their trade were sampled because of their exceptional abilities in the context of working with couples. According to Patton (1990, p.170), the logic of extreme case sampling is that “lessons may be learned about unusual conditions or extreme outcomes that are relevant to improving more typical programs.”

When using extreme case sampling, one approach for locating participants is to use snowball sampling. When using this type of sampling, well-situated individuals are asked to identify information-rich cases (Patton, 1990, 2002). What typically occurs in this type of selection procedure is that a number of cases are nominated again and again. This process occurs until saturation is reached and no (or very few) new names are mentioned. It was these frequently nominated individuals who were invited to participate in the study.

Relying on the judgment of peers and colleagues is inherent in the snowball sampling method of locating participants (Patton, 1990). “Peer nomination techniques have been found to accurately assess personal and interpersonal characteristics for a wide variety of subject groups, including psychotherapy” (Jennings, 1996, p.58). These findings have been substantiated in a number of different settings related to counselling and psychotherapy (Hillerbrand & Clairborn, 1990; Luborsky et al, 1985, p.58). Moreover, Luborsky et al (1985) assert that “therapists are able to identify other potentially effective therapists and to determine them from those who are less effective” (p.609).

This study involved a major metropolitan area in the province of Ontario. Membership lists were obtained from both the Ontario Provincial Registry of

Psychologists and the Ontario Association of Couple and Family Therapy. These lists included therapists from a number of different training backgrounds including psychology, social work, counselling, and pastoral counselling. Neither registry included therapists with a medical background, so the researcher contacted three individuals (two general practioners and one psychiatrist) who were known in the therapy community to practice couple therapy. Ten names from each of the above-mentioned lists (as well as the three individuals with medical backgrounds) were the beginning points of the snowball sampling procedure. Names from each list were chosen randomly, with the only criterion being that they resided in the particular metropolitan area where the research was conducted. Each of these people was contacted and asked to nominate three individuals in the area of couple therapy who they considered to be "master therapists."

When deciding the criteria that would be used to designate master couple therapists, one criticism of Jennings' (1999) selection procedure in the original study on master therapists was addressed. Orlinsky (1999) noted that although the study provided carefully selected participants, no objective evidence was provided to show that these participants really were "masters." To partially allay this concern in the current investigation, one criterion was added to Jennings' (1999) nomination procedure. This extra criterion was that the nominators must be personally knowledgeable about the therapist's work, either through direct knowledge (e.g. having referred a couple and heard positive results or by actually seeing this therapist work) or through personally consulting with this therapist about a case. It was hoped that this criterion would ensure that nominations would be based on demonstrated skill and efficacy, rather than on the reputation of the therapist, which could be based on factors such as being well-known in the community, rather than therapist skill.

Therefore each individual contacted was asked to nominate therapists based on the following criteria, which are largely derived from Jennings' (1999) and Sullivan's (2001) studies on master therapists.

1. This person is considered by the nominating individual to be a master therapist when working with couples in their practice,
2. This person is most frequently thought of when referring a close family member or a close friend to a couple therapist considered to be the 'best of the best.'
3. Because of this person's superior skills as a couple therapist, one would have full confidence in seeing this individual for one's own personal couple therapy. Therefore, this therapist might be considered a 'therapist's therapist,' and
4. The nominating therapist has made a referral and heard positive feedback about the work of this therapist or has consulted with this person on a case and is therefore familiar with this therapist's work.

Upon receiving these initial nominations, the researcher contacted each of the nominated therapists and followed the same procedure. This process continued until five consecutive contacts provided no new information, suggesting that saturation had been reached. Therapists who were nominated a minimum of five times by colleagues were invited to participate in the current study. Following this process, the eleven therapists who were most frequently nominated were invited by letter (see Appendix A) to participate in the study. Nine of the therapists who were invited to participate accepted the invitation. The other two individuals indicated that their schedules were overextended and were therefore unable to participate. Following the interviews of the nine primary participants, therapists who had nominated this group of nine master couple therapists (one randomly chosen nominator for each master couple therapist) were contacted by phone for brief, 15-minute interviews to expand on their decision to nominate these particular practioners. The findings gleaned from these brief interviews were included when they acknowledged unique information not identified by the primary participants.

Written Narratives

Prior to their participation in the qualitative interview, primary participants were asked to write a narrative about their experience of becoming a master couples' therapist and what it means to be a master couples' therapist. Participants were provided with broad guidelines to help them "get started." These guidelines can be found in Appendix C. It was hoped that spending time writing about their experience prior to the interview would stimulate participants' thinking about being a master couple therapist and would subsequently allow for a heightened reflective process in the interview (Anderson, 1998).

The Qualitative Interview

The primary participants were asked to take part in a qualitative interview. This interview style collects data from each individual participant through a set of open-ended questions. Although the prepared questions served as a guide for the interview process, the primary goal was to elicit the experience and perspectives of the participants in a way that was meaningful for them. Therefore, the interview process was flexible and evolved with the direction provided by the participant. A list of the interview questions can be found in Appendix D. Each participant was interviewed once, with the interviews lasting approximately one to one and a half hours. Transcripts were later offered to participants to allow them the opportunity to provide clarification or to share any thoughts that may have emerged following the initial interview. Nominator participants were asked to participate in brief, 15-minute phone interviews regarding their perspectives on why they nominated these particular individuals. Guidelines for these brief telephone interviews can be found in Appendix C.

Data Analysis

With the data collected from the master couple therapists and the nominator participants, a basic interpretive and descriptive analysis was conducted. Data consisted of the transcripts of the interviews with the master therapists as well as the written narratives they completed before the interview. The data collected from the nominator participants were included in the results when it underscored a unique perspective not captured by the master couple therapists themselves. In both the descriptions and in the findings, the nominator was given credit for his or her responses.

A thematic analysis and category construction of the data was performed. During this phase of research, the researcher constructs categories and develops themes that "capture some recurring pattern that cuts across 'the preponderance' of the data" (Merriam, 2002, p. 23). These categories and themes were constructed using the 'constant comparison method' as described by Merriam (2002) and originally developed in grounded theory research by Glaser and Strauss (1967). Transcripts of the interviews and written narratives were broken into "units of data" or bits of information. A unit of data can be described as any meaningful piece of data. Lincoln and Guba (1985) suggested two criteria identifying a true "unit," specifically that the piece of data should be both heuristic and distinctly able to stand on its own. As the data were broken into units, the constant comparison began. A unit was compared to another unit and the researcher looked for similarities or regularities that emerged in the data. Because data collection and analysis should be a simultaneous process in qualitative research (Creswell, 1998; Merriam, 1998, 2002; Patton, 1990, 2002), the category construction process began following the first interview. After the initial interview, the researcher examined the written narrative and interview transcript. The data were reviewed numerous times and tentative notes were made, including issues that were identified as interesting or relevant. At this time, data were broken into units and possible themes that appeared to be emerging were considered. Following the second interview, the same process of breaking the data into meaningful units and looking for themes was applied to the data. Finally, the themes from the second participant were compared to the data from the first participant to identify the commonalities and differences. This process continued until each set of data was thoroughly examined. The categories and subsequent themes that emerged were named by using terms and concepts that reflected what the researcher saw in the data.

Ensuring Quality

An important goal for researchers is to produce high quality material and provide information that can be trusted. This is quite a challenging goal for researchers as there are many ideas and opinions with regards to what constitutes "good" or trustworthy research. The current investigation followed Merriam's (2002) framework as a guide for establishing high quality in the present investigation. Merriam (2002) suggests that a "good" study is generally "conducted in a rigorous, systematic, and ethical manner, such that the results can be trusted" (p.24). Merriam (2002) discussed the importance of establishing internal validity, reliability, external validity, and an ethical approach to the investigation and suggests common strategies for ensuring these issues are addressed.

Internal Validity

When considering internal validity, one must consider the following question: 'how congruent are one's findings with reality?' (Creswell, 1998; Guba & Lincoln, 1985; Merriam, 2002). Inherent in the constructionist stance adopted by the current inquiry and qualitative research in general is support for the notion of multiple, changing realities. Merriam (1998) states "because human beings are the primary instruments of data collection and analysis in qualitative research, interpretations of reality are accessed directly through their observations and interviews. We are thus 'closer' to reality than if a data collection instrument had been interjected between us and the participants" (p.203). This position certainly highlights internal validity as a strength of qualitative research, which will also be present in the current investigation.

Merriam (1998, 2002) and others (Creswell, 1998; Patton, 1990, 2002) suggest a number of strategies qualitative researchers can adopt in order to address the concept of internal validity of a study. In the present study, these strategies were employed in an attempt to make the findings of this study as congruent with the participant's reality as possible. One strategy employed was triangulation of the data. Matheson (1988) suggests thinking about triangulation as a 'holistic understanding' of the experience to construct reasonable explanations of this experience. With this in mind, data were gathered through both written narratives and qualitative interviews with the participants. Other strategies adopted to ensure adequate internal validity included a process of "peer review" featuring a reliance on peers, colleagues, and supervisors of the researcher to comment on the findings as they emerged. Two peers with a background in qualitative research reviewed transcripts (with any identification removed) and identified themes consistent with those presented in the results section. As well, supervisors and doctoral committee members have freely offered insightful comments throughout the process. Finally, the researcher's biases were identified by clearly describing her assumptions, worldview, and theoretical orientation in the section entitled 'Researcher as Instrument.'

Reliability

Traditionally, reliability referred to the extent to which research findings could be replicated (Merriam, 2002). However, as Merriam (2002) and others (Creswell, 1998; Patton, 1990, 2002) point out, the concept of reliability is a difficult one in the field of social sciences because it may be seen as implying that there is one correct and enduring "result" in a domain of research. The problem is that human behavior is virtually never static. It is possible that even if a particular researcher were to perform the same study twice (asking the same questions, using the same participants), the results of these seemingly identical studies could be remarkably different. Humans change, develop, and evolve over time and even the same participants may have very different responses to the same question at different points in their lives and development. As well, each researcher is unique, has his/her own set of personal experiences, and is an integral tool in the process of research. As Merriam (2002) suggests, two researchers embarking on a qualitative study of the same principle/phenomenon can present very different results.

In each of these cases, the question can be asked, "Whose results are 'right?'" Merriam (2002) addresses this shift in thinking by asserting that "rather than demanding that outsiders get the same results [as the researcher], a researcher wishes outsiders to concur that, given the data collected, the results make sense – they are consistent and dependable. The question then is not whether findings will be found again, but *whether the results are consistent with the data collected*" (p.206). This was the concept of reliability that was adopted in the current study. Qualitative researchers (Creswell, 1998; Merriam, 1998, 2002; Patton, 1990, 2002) suggest leaving an audit trail to allow others insight into how our results and interpretations were made and using direct quotes to allow readers access to the "voices" of participants. Both of these strategies were employed in the current investigation.

External Validity or Generalizability

Merriam (1998, 2002) describes external validity or generalizability as the applicability that the current research findings might have in other contexts. This approach to generalizability allows the reader or general audience of the study to determine the extent to which the findings from a particular study apply to their own context. In order to allow for this transferability, Mayan (2001) and Merriam (2002) suggest that the researcher provide a substantial amount of clear and detailed information to allow the reader to determine to what extent any findings may be applicable to them. Eisner (1991) describes, "the creation of an image – a vivid portrait of excellent teaching, for example – can become a prototype that can be used in the education of teachers, or for the appraisal of teachers (p. 199). This would allow readers of this presentation of an excellent teacher to determine what is transferable to their own context. It is hoped that in the present study, a detailed description of the master couple therapists, their perspectives, and experiences will allow readers to determine which aspects of these findings would be helpful in their own practice and growth as therapists. A further discussion on the usefulness and practical implications of the current study is included in the discussion.

Ethical Considerations

Merriam (2002, 1998) stresses that an excellent qualitative study is one that has been conducted in an ethical manner. She suggests that the examination of the assumptions one carries into the research process as a starting point for ensuring an ethical research practice and suggests a thorough examination of one's institutional regulations. In the current investigation, the University of Alberta ethical guidelines for research with humans were followed. A formal application was made to the University Advisory Committee on Ethics and was approved. Participants were informed of the purpose of the study, the extent and duration of their participation, and how the information is to be utilized. Participants were informed of the voluntary nature of participation and were assured that they could withdraw from the study at any time. The confidentiality and anonymity of participants has been protected through the use of pseudonyms. Participants have been informed that all audiotapes, transcriptions and all other identifying data will be destroyed following the wait period after completion of the study. Signed informed consent was obtained from each participant in the study. Copies of the consent form can be found in Appendix F. Participants were offered the opportunity to review the transcripts to check for accuracy and omissions. No participants reported that difficult emotional responses were evoked through participation in this study and therefore, providing supportive referrals was not necessary.

Researcher as Instrument

In qualitative research, the investigator as a person can be seen as an instrument throughout the research process (Creswell, 1998; Merriam, 2002; Patton, 2002). The investigator's opinions, biases, and beliefs will inevitably have an impact on the way the study is conducted, from the design of the study and the collection of data to the analysis and presentation of the results. For these reasons, it is crucial for the investigator to make his or her biases and experiences related to the research process as clear as possible. Therefore, I would like to describe my experiences, biases, and preconceptions regarding therapists who are masters at working with couples.

When considering my own assumptions regarding the therapeutic process (particularly the impact of the therapeutic relationship on psychotherapy outcome), my opportunities to observe therapists as well as my own experiences working with clients have certainly impacted my beliefs regarding factors that contribute to therapeutic change and growth. When considering the therapists who I have had the opportunity to observe, two in particular stand out. When I think about what makes them stand out, I can only say that their ability to create a strong, safe therapeutic relationship with their clients is truly inspiring. They show clients an unwavering and unconditional positive regard and provide a non-judgmental atmosphere. No matter what the challenges are, they are able to establish and maintain connection. As well, in my own practice, I have found that clients are able to move towards their goals more readily when the alliance is strong and secure. These experiences have instilled in me the belief that the therapeutic relationship is at the core of successful therapy. Although theoretical orientation has received much attention, it is my own personal belief that the therapeutic relationship is central to healing in psychotherapy. I believe that master couple therapists are likely to have unique abilities in the area of relationship building and that this ability is certainly part of what allows them to excel in their field.

Through my own practice with couples, I have noticed that working with couples is quite a different experience than working with individuals. In particular, establishing a strong relationship with two partners who are often angry at one another can be challenging. Often, couples enter therapy with the hope that the therapist will "fix" their partner, so establishing goals for therapy can be challenging. Therefore, because the experience of working with couples is so different than working with individuals, it is my belief that the excellent couple therapist likely possesses different qualities and characteristics than the master individual therapist.

Through my own experience working with these exceptional therapists, my own practice as a therapist (and couple therapist) has certainly improved. Therefore, I believe that learning more about the experiences, ideas, and personal characteristics of master couple therapists can help each therapist improve their practice. Because I am interested in working with families and couples in my own practice, I have decided to explore the experience of master therapists who work with couples, not only to provide information to therapists in general, but also because of my own professional interest in this area.

Introduction to the Master Couple Therapists

Virginia is a woman who has 38 years of experience working in the therapy field. She holds a doctorate in psychology and is registered as a psychologist with the provincial college. Virginia's theoretical orientation is informed by humanistic, experiential, and psychodynamic theories.

Jason is a man with 26 years of experience working in the therapy field. He entered this field following another career in a helping profession. He holds a PhD in Psychology and is registered by the provincial college of psychologists. Systemic, family of origin, and attachment theories inform his work with couples.

Sylvia is a woman with 16 years of experience who entered the field of therapy following a career in education. She holds a master's degree in both education and psychology as well as a doctorate in clinical psychology. She is registered as a psychologist by the provincial college. Sylvia notes that her practice takes an experiential approach, but that she is generally quite eclectic.

Donna is a woman with 20 years of experience working with couples. She holds a doctorate in psychology and is registered as a psychologist by the provincial college. She describes her approach to working with couples as a combination of psychodynamic theory and emotionally focused practice.

Olive is a woman with 27 years of experience as a therapist. She entered the field of therapy following a career in education. She holds a masters degree in social work and is registered with the provincial college of social work as well as an association of marriage and family therapy. She describes her approach to working with couples as primarily eclectic and informed by systems theory.

Kathleen is a woman with 30 years of experience working in the field of therapy. She holds a masters degree in social work and is registered with both the provincial college of social workers and an association of marriage and family therapy. She describes her theoretical approach to working with couples as emotionally focused.

Philip is a man with over 20 years of experience as a therapist. He holds a doctorate in psychology and is registered by the provincial college as a psychologist. He describes his theoretical approach to working with couples as experiential and psychodynamic.

Brian is a man with over 30 years of experience working as a therapist. He holds a doctorate in psychology and is registered as a psychologist by the provincial college of psychology. He describes his approach to working with couples as psychodynamic. Bea is a woman with approximately 20 years of experience in the field of therapy. She holds a PhD in psychology and is registered as a psychologist by the provincial college. She describes her approach to working with couples as emotionally focused.

Findings

The following is a presentation of the themes that emerged, both from the perspective of the master couple therapists themselves and also the therapists who nominated them. Although many personal characteristics are clearly unique to each of the therapists who participated in this study, a number of important similarities are highlighted in the following pages.

Participants described a remarkable level of commitment in three main areas related to their practice. These areas include a commitment to personal development and self, a commitment to professional development, and a commitment to relationships.

In terms of the therapists' commitment to personal development and self, this commitment was demonstrated in a variety of areas. These therapists were committed to maintaining their emotional health and took active steps to pursue this goal. Therapists were also dedicated to developing their own personal self-awareness and growth as a therapists. These therapists described the role of a couple therapist as a natural one for them to adopt and described themselves as passionate about the profession. Finally, participants displayed a lovely combination of confidence in their abilities and modesty.

In terms of commitment to professional development, it became clear that for many participants, teaching enhanced their learning; these participants appeared to display a curiosity for the human condition and a deep commitment to ongoing learning in the field of psychotherapy. Participants appeared to have developed a remarkable ability to conceptualize client issues and each showed commitment to their own style of developing a model of therapy that fits for them.

A deep commitment to relationships was apparent through discussions with this group of master clinicians. Each participant endorsed a belief in the importance of a strong therapeutic relationship. Each participant also appeared to hold personal qualities that would facilitate the development of strong relationships, presumably both in therapy and in their lives in general. These therapists generally placed importance on their personal peer relationships and took the approach of trusting their clients to follow their lead in therapy.

Commitment to Personal Development & Self

It was evident from the discussions with this group of therapists that they place a great deal of value on pursuing personal development. These therapists were actively engaged in maintaining their own emotional health and openly embraced experiences that enhanced their own growth and self-awareness. It appeared that adopting the role of couple therapist was quite a natural process for participants. Many described a "good fit" between themselves as persons and the type of role required of the psychotherapist. This natural fit appeared to evoke a passion for their role of therapists that was unmistakable as they spoke.

Striving to Maintain Emotional Health

Participants in the current study stressed the importance of the emotional health of the couple therapist to ensure quality services. For one participant, this quality emerged when discussing therapists whom they considered excellent or a 'master.'

Brian had the following comments regarding his views on what constitutes an excellent couple therapist and the importance of emotional health in the practice of couple therapy.

> They have to be relatively healthy. That's important because in our field…I mean there are a lot of, there are a lot of famous couples therapists, that I would never send people to…because they tend to be so highly narcissistic that they'll lash out at their clients. So they have to be relatively healthy…people pick up on that…

Olive discussed the characteristic of being emotionally grounded, a comment she has received, both in the context of being a therapist and also in her personal life. "I'm told often, you know this goes with the age, I'm 65, that I'm grounded, that I have wisdom…hopefully, by the time I'm at 65, I've got some wisdom…" She goes on to discuss emotional health in the context of doing therapy and identifies an "internal quietness" as being important in her work as a couple therapist.

Participants also discussed the importance of actively maintaining their emotional health and appeared to consciously take steps to ensure that this health remains intact. Although each participant discussed this commitment as being integral to their practice, the traditions each individual adopted were unique and personal.

Bea notes that she would pursue personal therapy if she felt that her emotional health was interfering with her work as a therapist. She is also aware that staying well rested is vital to her productivity.

> …if I am ever aware that my emotional health is in the way, I would go into therapy, right?…is how I'd go about that… and I work very, very hard at not being tired when I work… I've cut down to 4 days a week…and I don't work Fridays usually. And I go to bed very, very early at night. I don't do much. When I'm working, I work. I'm not out partying every night. Anyway, I'm way too old for that. *[laughter]*

Bea also describes a colleague's experience of having difficulty with conflict in her work with couples. She discussed this colleague's recognition of the pattern in herself and her subsequent decision to engage in personal therapy to address it. Bea stressed the importance of addressing any issues that one is facing and dealing with them in order to be able to engage productively in the therapeutic encounter.

> In fact, I remember working with someone who was realizing that she actually lost it when there was conflict. She, when she figured that out, she went off and did some therapy, actually. It was about home, when she was a kid. And she got past it and she was fine.

Sylvia describes the active steps she takes to maintain her own emotional health and achieve balance in her life. Taking time off to spend time with friends and family is crucial for her. Also, she cites that balancing the time she spends doing psychotherapy with other energy producing activities is essential.

> I keep myself very emotionally healthy. That's why I'm going away for a month…And why I take a month off in the summer. I make sure that I don't, I'm not overloaded with clients. Although at this time of year, it's not easy….and I try to respect myself…exercise, good diet, lots of fun in my life. Lots of times with my grandkids…Lots of sleep. You know, so I think I look after my emotional health because if I'm not healthy, my clients can't be healthy…

Philip believes that the process of becoming an effective psychotherapist requires one to engage in one's own personal psychotherapy. When he supervises psychology students, he strongly encourages them to engage in this practice.

> …what I always tell psychology students is that if you want to become a therapist, go to therapy yourself…and I know that that's…the traditional requirement to become a psychoanalyst, and I think that everyone that wants to become a therapist should go in therapy themselves …you don't need to have outstanding problems to bring them to therapy, but just to know who you are, what belongs to you…and you can differentiate that with from what belongs to the other person…

Another participant describes the impact of a conflictual family background on her own development and believes that personal therapy was instrumental in helping her to address these issues. She also believes that these experiences would have likely negatively impacted her work as a therapist, had she not addressed them in her own psychotherapy.

> I think it impacts what I am doing in the room. I think it does very much…going to therapy for me and continuing my development as a therapist. Because I come from a family background where *[describes conflictual family background]*, I could imagine that if I didn't deal with that, my clients probably wouldn't fight very much. I'd make sure that they don't fight very much because I might be afraid of that. And I'd make sure that we don't go into certain kind of feelings here because I'm afraid of those feelings, right? But because I have come to terms with these things, it's perhaps easier for me to let others now travel those waters where it can be scary to have this intense feeling just now. And I think I'm going to fall apart, I think I'm going to go crazy. Those kinds of feelings. If I had not done my own personal work, it *[personal experience]* would have a negative impact. But hopefully, cross your fingers, because of the kind of personal work that I have been doing and I maintain this…

Virginia highlights the importance of monitoring herself when doing therapy so that she can be aware of the standard of care she is providing. She places a great deal of value on maintaining a balance in her life and not getting overloaded in an attempt to provide the best therapy possible for couples.

> Even if you're physically tired, you can't be there. You know, it's like you have to really… keeping yourself cleared out of stuff…For me, my biggest problem is I overdo things, you know. So I'm pretty intense in whatever I do, so I have to be careful with balancing that, so that I don't take on too much and therefore, you know, cut myself thin. So that, when I'm seeing someone, to be able to be, kind of monitor myself and be aware that, okay how was that session? Well, you were too tired to really listen. Or you missed that…

In describing someone who he would not consider a master couple therapist, Jason discussed the integral practice of working through one's own personal issues. He maintains that it is important to deal with our own "stuff" so that it does not become apparent when delivering couple therapy.

> …they don't have their own act together…they haven't done the work on themselves…so, and that kind of comes out in different ways, you see them, interact

> with them, or even supervise them…they haven't looked at their own stuff…they're still, you can just see it coming through in their words, in their presentation of self, and the way they present to clients and stuff…you can still see too much of them coming through…their issues of life, you know…they're a little angry, a little down…I would think that's the first thing that comes to mind…I think that comes across…

Embracing Personal Growth & Self-Awareness

Participants in this study indicated that a commitment to personal growth was essential in order to become truly competent when offering psychological services to couples: "I think you really have to grow as a therapist in order to do work well with couples" (Virginia). Kathleen reported that "throughout my career I have always…wanted to develop myself." When she was asked to describe characteristics of a therapist who she would not necessarily consider excellent, Kathleen described someone who wasn't "willing to go the extra mile in terms of developing themselves."

Part of this personal growth appeared to involve a commitment to developing self-awareness, which participants then used in the professional realm. Participants revealed that their own previous experiences (both general life experiences and previous professional experiences) impact their current practice. Donna pointed out that having a wide range of knowledge and experience was integral to her work in couple therapy.

> I think you have to have a wide range of knowledge and experience. And in all honesty, there's nothing wrong with being a young therapist, but I think that my life experiences give me a different perspective, you know?

Kathleen agreed with this perspective. She reported that as she gained more life experience, she found that she was able to relate to clients' experiences in the professional context on a more personal level.

> I think my life experience helps me identify, or, you know, I can take parts of myself or parts of my life experience and relate to people, right? So it's not, I think when I was younger; sometimes it was hard…there were lots of experiences I couldn't relate to. And as you get older and live more life, it's easier to…relate to lots of different kinds of experiences.

Olive was clear that although her life experiences do inform her work as a couple therapist, she does not work through her own experiences with her clients. She feels fortunate that she has had a variety of life experiences, which she believes helps her relate to clients.

> And I bring my life experiences, but I don't work through my life experiences with my clients. But…they inform…and experiences inform me and give me perspective on what I'm experiencing with a couple. I'm fortunate that I've had jobs that I've gotten exposed to people from just a variety of situations.

Olive goes on to discuss the professional confidence that grew from her own experience as a therapist and her life experience in general. From these encounters, she felt more confident and grounded in being able to contend with whatever came into the room.

> And I don't think you get there until you're really comfortable with feeling that you know enough and are able to have some mastery over enough models, that you can say, 'I've got enough here that if it really gets messy, I can swim in the session. I've got enough…places I can go to and I know them that I know that I can grab onto that or that or that.' After you get enough of those under your belt, then you can let go of that nervousness, that anxiety about 'okay, what am I going to do?' You'll go wherever it takes you. And then create something to deal with that. So then, the stuff that is coming in the session doesn't scare you because you know where you can go with it…

A number of participants discussed the importance of being aware of one's own professional limitations when practicing couple therapy; "I think it's important to know what your limitations are…" (Sylvia). These participants described a stance that was characterized by openness and non-defensiveness.

One manifestation of this open style appears to be the practice of consulting with trusted colleagues and asking for opinions/advice from other couples therapists. Participants described their tendency to consult with colleagues when they faced a difficult case or an unclear situation. "I think that what comes to mind is usually when I get challenged like that then I start talking to other therapists, in terms of trying to get some input…"(Bea). After describing a rather challenging couple with whom she was working Bea reported that the next step she would take would be to consult with other therapists at her clinic; "So I need to go get supervision with him, yes I consult with somebody here."

Virginia highlighted the importance of acknowledging that one is "stuck" and to reach out for help when it is needed.

> And to admit that I'm stuck. I don't know what I'm doing. Help me. So I think that's really important…and not having kind of an ego defense around – that I have to be right, that I can't consult and so on. So I think that that gets people in trouble, they can be working for a long time and not willing to say 'I don't know…

In a related vein, Jason discusses knowing his limitations and preferences in terms of client issues.

> …It's just not my cup of tea…and so when somebody phones me and says 'I'm a man with deep depression for a long time, or a woman with deep depression, I say, no problem, here I refer you"…it's not my cup of tea, you know…a couple in here fighting like hell, hey I like that…

Olive described her tendency to put herself in positions where she would be receiving feedback, whether it was through her workplace, or a reflecting team that was established by a local psychiatrist. She described a process that had a very positive influence on her own development as a therapist.

> And I had the experience …of working behind a one-way mirror in psychiatry and having, we did intakes. And we would be able to sit and watch as a group with the whole psychiatric team, in an outpatient team, different therapists doing therapy…I also did a couple of years working with…a psychiatrist at *[his place of work]*. He put together a group of about 5 of us who he'd invited. So we worked together as a reflecting team…and he would bring in the families and he had the one-way mirror. And that was a mixed group of different professionals from the community…and working with really difficult cases. So it was a combination of watching and then discussing and reflecting back to the family…

This perspective was mirrored by the nominators with one nominator commenting, "I guess another piece of the maturity is knowing yourself. And I think those people both know themselves very well…"

A Natural Fit Evokes Passion in Their Work

Participants discussed an ease associated with adopting the role of a therapist, but in particular, the role of a couple therapist. Being a couple therapist appeared to be a natural evolution for them. Sylvia reported that "I really feel very comfortable in being part of that kind of interaction *[engaging with couples]*." Participants described a certain authenticity with which they assumed this role and appeared to be drawn to the profession. As Olive stated, "You do what you are and you are what you do."

Virginia described her work with couples as an extension of who she is as a person. As one who is naturally inquisitive, intuitive, and interested in relationships, the "fit" between herself and the profession of a couple therapist was very natural.

> My work as a therapist is basically an extension of me as a person. And, so basically, I care and I'm interested. And…I'm very intuitive, I've always been, I didn't learn that in school. So, it feels like a gift. It's very natural. Doing therapy for me is very natural.

Olive explored a number of career options before pursuing training as a couple therapist. After returning to study following a number of years in another profession, she explored her options by pursuing courses in a variety of fields. She inevitably was drawn to courses that focused on therapy.

> And so I had tried business school, I tried the hard sciences, chemistry, biology. I tried some things in the school of architecture…and social sciences as part of my undergraduate and just kept coming back to social sciences and going into therapy…

Olive went on to say that for her, being a couples therapist was in alignment with her own personal qualities.

> I think you do what you are, you are what you do. I don't think you can make separations and go off to work and be a therapist...I don't think you can separate the qualities of yourself as a person and the qualities of yourself as a person in the care of a therapist. And I bring my life experiences, but I don't work through my life experiences with my clients. But they inform…and experiences inform me and give me perspective on what I'm experiencing with a couple.

Perhaps as a result of this "natural fit," participants reported that they enjoy their work, with a significant number describing it as a passion or a calling. As they were speaking, they displayed a palpable energy and excitement about their work with clients. Bea reported that it was a real privilege and honour to be able to do this work with couples.

> …yeah, it's dramatic, it's dramatic. And then your couple will come in and they're sitting close. It's all different. It's very nice…then I say 'oh my gosh, you can't pay me ever. I don't need to get paid' …normally, you get those interactions…and you think it's wonderful…it's such a privilege to do this work…

Kathleen describes her work with couples as allowing her to "live out her passion": "And I felt so much more passionate about it than just doing my job. So, being great was to be able to do more than, you know, just fulfill my job requirements, but to really live out my passion." She goes on to describe a previous work setting where work with couples was not necessarily part of the mandate, but she found herself "fitting in" important couple work.

> So, when I think about the various settings that I worked in, I was always doing that, right? And always looking for opportunities to do more, right? Even in settings where…it wasn't the mandate because I worked in the hospital on a medical floor. And I remember trying, getting couples in after hours. *[laughter]* And seeing them, right? And it wasn't my job. My job was to work with getting the patient discharged, right? So, I have always tried to fit it in, no matter where I've been working. So I think that reflects my passion, right?

A number of participants (Donna, Sylvia, Kathleen) made the following statements, indicating that they believe couples therapy is a true calling for them and that they truly loved their work:

> "I think it's a vocation for me and not a job. It's like a calling and not a job"… "I mean the only thing that really stands out for me is that I love what I do. I absolutely love it"…"But I always think good, a couple…a whole day of couples, oh great!!"

Sylvia reports that the manner in which the couple therapist engaged with clients is truly incredible. The excitement she feels for the practice of working with couples is clear.

> …I love it more and more. I mean I really, they'll have to carry me out feet first because it really is…that incredible engagement with people, it's just a lifesaver. It's fantastic. It's a real high. So that has always been the case. I have always loved doing couple work. From the very first time I sat with a couple, no, not quite the first time, maybe about 6 months into it…

She goes on to say that being able to work with clients in this way is truly a privilege.

> For me, on a very personal level an absolute privilege to get to know two people…Sometimes, because you uncover material more deeply than they know themselves or each other. That feels extraordinary. And to be with them in that process…

Confident, Yet Modest

A clear confidence, yet an underlying modesty characterized these participants. Many of the therapists who participated in this study reported that they felt honored to be nominated as an excellent couple therapist by their peers. When asked how she experienced the fact that she had been nominated to participate in the current study by her peers, Donna responded in the following manner: "Surprised *[laughter]* …I don't consider myself a master couple therapist. I like doing couples therapy and I think I do a good job, but as far as I'm concerned, masters are the ones that travel around the world and give lectures…" She maintains that a part of how she measures her own success as a couple therapist is related to the joy and energy she brings to the encounter with her clients.

> It's the joy that you bring to the experience, or the energy you bring to the experience that makes you feel you're doing a good job. I feel like I'm doing a good job. Am I a great, well-known master therapist, no, but I feel like I do a good job, personally…

As evident by the previous quote, a number of the therapists who participated in this study communicated a confidence that they were competent in their work and felt that they did it relatively well. At the same time, participants exuded a strong sense of modesty when discussing their abilities. When asked whether he considered himself a 'master therapist,' Brian responded in the following manner:

> …I think, you know…the word 'master' is I think a bit pretentious… I would say that I'm good at what I do, that's how I'd put it…I'm a good psychotherapist, I'm a good couple therapist. I know I'm good at it. There's a few things in life that I know I can do and I know I can do this…

Donna describes the courage or "chutzpa" she feels when working with couples.

> I have a lot of courage when I work with clients. So, it doesn't matter what kind of problems they bring me…Well, first of all, I have a lot more "chutzpa" I guess you

> could call it. And I'm not afraid of trying new things out. I'm not afraid of making mistakes…

When describing aspects of another therapist whom she considers a master, Kathleen reports that confidence plays a part: "I think it's their confidence, too, I guess. Yeah, their confidence in being able to help…that they feel good about the work that they're doing…" She goes on to say that her own confidence and ease with which she practices appears to inspire confidence in her clients as well: "I think because I am comfortable and confident, I think that also helps people to feel safe and secure."

When describing a "master" colleague, Sylvia indicates that "*[Name]*, I think has that kind of psychological courage. *[Name]* is not afraid of anything… She's very gutsy, I think…

Nominators agreed with this perspective and highlighted a refreshing modesty portrayed by this group of therapists. When describing a therapist she nominated, one nominator stressed that "she's certainly not aggrandizing at any level." Another described the individuals she nominated as the type that would not "put on airs."

> …both of them would consistently talk about their clients and the work that they do…kind of in a no nonsense, not trying to put on airs way…kind of their work speaks for them, you know? They don't need to sort of convince you how good they are…

When responding to a question asked about characteristics of good, competent therapists whom she chose not to nominate, one nominator declared that "I would say what I pick up from them both is that there's a little bit too much of 'I have to be the one who knows.' Rather than having that kind of sense of what I think of as 'beginners mind' or openness to…taking something in a very fresh way…"

Summary of 'commitment to personal development & self.' The above quotations highlight this groups' outstanding commitment to their own personal growth and development. Perhaps, not surprisingly, they appear to believe that these values are an important part of doing good work with couples. They strive to tend to their own emotional health and consciously strive to develop their own understanding of self. When meeting with these participants, this attribute is clearly conveyed in their thoughtful and open interpersonal approach. The "natural fit" they describe is evident as is the lovely balance of confidence and modesty in their abilities. They are clearly passionate about their work to improve couples' relationships.

Commitment to Professional Development

These participants also displayed a remarkably solid commitment to their development in the professional realm. This commitment was evident as they discussed their teaching experiences and compelling interest in human behavior. These therapists participate in an impressive amount of continuing education and clearly value the practice of ongoing learning. With a sincere tone of modesty, participants described the benefits of being able to effectively conceptualize the issues clients face, and discussed their views on various approaches to marital psychotherapy.

Teaching Enhances Understanding

Being in the position to teach marital therapy to others appeared to be an important piece of participants' journey towards excellence. They discussed their own experience of adopting a teaching role and maintained that this significantly improved their own knowledge and understanding in this area. Most participants were involved in some form of teaching including being a lecturer at one of the local universities, supervising practicum students, or offering workshops to the couple therapy community.

Bea described the process of teaching a course as an important part of her own development as a therapist.

> I was one of the first people to join that team from the *[Name]* Hospital. So really, I was plunged into couple work…without ever having the theoretical part. So then I read it myself, right? But then I began to teach it later on, like a couple of years later. And *that's* when I started to get good, when I started teaching it. …it's such an amazing experience to teach it because a) you have to learn it and you learn it every which way and b) it makes you think about what you're doing and c) you realize that you know so much more than these other people. So that consolidates you and it really ramps up your performance.

Jason mirrored this sentiment, indicating that adopting the role of 'teacher' helps to keep him up to date on current issues in psychotherapy.

> I teach at *[Name of Educational Institution]*, so a little bit of the academic, giving workshops & conferences kind of piece comes in a bit because it forces you to…see all those books I've got to read for January 1st…so that kind of helps you get up to date a little bit on some issues…so you're forced always to try to be one step ahead of your students…

Finally, Olive indicated that she deliberately puts herself in positions that encourage her to teach material about which she is curious, whether it is to university classes or to students she is supervising. She maintains that "if I can teach it, then I know it."

> …So for me, learning is not just…if I can teach it, then I know it. And so, I kind of put myself into positions where I'm teaching things that I'm curious about learning better because it makes sure that I can articulate it. Then I know that I know it well. And I know it in such a deep way that it's just going to be second nature when I use it…So I did the teaching with the group for the year on *[Name's]* model and I also ran for a number of years a supervision group at the school board, which still runs.

The Curious Student: Commitment to Ongoing Learning

"So, I'm, as my husband would say, I'm an eternal student. I will be forever" (Virginia).

Many of the participants described themselves as being strongly committed to ongoing learning in the field of couples therapy, as well as possessing a real curiosity and inquisitiveness towards romantic relationships. Sylvia reported that she had always had an interest in relationships.

> I think I've always been very interested in relationships and in my friend's relationships and my family relationships. I do think systemically…I'm really more interested in how, in the dynamic, and going into them individually.

Virginia compared the experience of doing couples therapy to going to see a play, in that she enjoys watching the dynamics of the couple unfold.

> I think you have to be able to enjoy observing people and the patterns…like in a sense, when I see a couple, it's kind of like going to a play. And I really want to sit back and watch. And it's fascinating. It's like the nuances and how they relate…it never ceases to amaze me…

When Virginia went on to discuss some of the characteristics of a master couple therapist, she discussed a deep curiosity in the context of integrity of practice.

> …I think it's the continued curiosity to want to understand and learn and the integrity of their practice – they really want to figure out what I'm doing. They're not in there for the money, I mean, the money helps, but they're really curious and wanting to continue to understand – what should I do here? What's going on with this person?

Olive maintained that her general love of adventure and discovery was evident in her approach to working with couples. She describes an approach that highlights an open inquisitiveness that creates a safe atmosphere for clients to discover important information about themselves and their relationships.

> …Well, I like going and traveling, I like scuba-diving. I like hiking, downhill skiing, I like adventure. I also like the adventure of therapy…the exploration…it's like

> mystery…what is going on in this couple…you know, what has led to this situation? So, it's like going on a little exploration…and figuring it out as you go along together. What are the pieces of this story that are shaping the two of you in this way and each of you individually. And what's the journey that's brought you here and what are the paths that we can take that are going to stop the destructive one, the course that we're on? So I think that the person that I am is a bit of…I'm quite curious about new places, new things, new analogies…

Philip discusses his strong commitment to pursue ongoing training even after practicing for almost 20 years. He describes a relatively intensive training program in which he is currently engaged and describes the positive impact that pursuing this training has had on his practice.

> I maintain that it's *[ongoing learning]* really important… I'm hoping that I can have a positive impact on my clients. And I know I do. I can tell… if I've gone to one of those 4 days of *[describes an intensive training program; 4 days, 4 times per year for approximately 7 years]*…When I come back from one of those 4 days, what opens up in my therapy sessions is different. It's deeper, it's more complete. There's a lot more of this freshness and newness kind of experience that I talked about earlier, where clients are really in touch with deep things. And there's a shift in their body-felt sense. There's a shift in the way they perceive the other person and the way they perceive themselves. And you can…it's palpable…you can feel it. That, I have much more when I've just come back from one of those 4 days. So I know that it has an impact.

Developing a Strong Ability to Conceptualize

The "amazing" ability to conceptualize and identify the issues that clients are facing was consistently described by these participants as being an important component of the master couple therapist. The "ability to be able to…pick up on what the issue is right away" was cited again and again by participants as being an important and not necessarily common ability.

Sylvia described an experience with a previous supervisor that had significantly enhanced her own development as a therapist. She was amazed by this therapist's ability to conceptualize her client's issues.

> I mean that's when you say an 'excellent' therapist…it's like, you could go to *[Name]* with a little piece of something that's happened – I mean a tiny little vignette of what happened and – boom, boom, boom. *[This supervisor]* knows where they are, what needs to happen next, what they're going to do next, how it's going to turn out. And it's just extraordinary…

After describing many outstanding relational qualities, Bea described a colleague's ability to conceptualize her clients' issues.

> But on top of that, she's got this razor edge ability to hone in exactly where she needs to be. And she gets there quicker, like months quicker, than everybody else…she really is quite amazing.

Virginia indicated that part of her perception of a master couple therapist was someone who was able to reframe a situation in a way that the average therapist may not identify.

> …when the master, let's say the master therapist, is able to see something or reframe something that most people observing wouldn't get. And they're working with and they might unpeel the onion and get down to it and you think 'wow'…there's that, there's one thing. Or make an observation to the couple in a reframing way that is, that most of us would say, 'I would never have thought of that.'

Two participants shared stories of consulting with a colleague or a supervisor who were able to conceptualize a case in a unique way that significantly propelled their therapy forward. In the first story, Virginia is amazed by this 'master' therapist's ability to conceptualize a challenging case that she had discussed with a number of seasoned psychotherapists. She felt that this therapist came to a conceptualization that others wouldn't necessarily have identified and that this significantly propelled the therapy process forward.

> And we were really struggling because he's afraid of commitment and when he gets closer, he pulls away and creates situations that push her away. And so I talked to someone, a really seasoned, he's an individual therapist, he also sees couples…seasoned therapist. And I was just mentioning to him, and he said, you know about him…and what he said to me was… 'Have you asked him what his sexual fantasies were towards his mother?' Hum…and I had talked about this case

> before with other people and seasoned people and everything, and I said well, 'he had this and this in his relationship with his mother' but I never thought of that. So I go in and I ask *[my client]* and I almost fell off my chair. He started to share with me his sexual fantasies that he had with his mother for up until he was a teenager. And just from a little bit of what I told this therapist, what he was seeing, you know because I had told him about the patterns and stuff and how when he gets in a committed relationship, he can't be sexual and he wasn't sexually abused. And this guy picked up right away – this guy feels guilty about his sexual fantasies, probably with his mother…it was amazing, it was a breakthrough. In the end, he *[my client]* said, was embarrassed to tell me. He said, 'I can't tell you this.' He was ashamed, he hid his head…and I helped him, it's really important that he be able to talk about it because it's keeping him stuck. I knew nothing about what he was going through. And then he proceeded to tell me and I thought – wow – I would have never gotten there if I hadn't talked to that therapist.

Jason described a supervision experience he had during the final stages of his training. This 'master' practitioner was able to accurately pinpoint the dynamics of this couple in a very short time and with relatively little information.

> And he just asked 3 questions, which I had missed. And with those 3 questions, he conceptualized the whole session, you know. And just to see that oh, these questions need to be answered. He had conceptualized what was going on. And he was just – he never met the couple, you know, and this was just – he just saw my picture, my genogram of this couple. But in 3 questions, which I brought the answers to the next week, he said, 'Here's where we need to go.' Because he knew that genogram so well, as if he knew the couple. And he said, 'Let's go to this place here.' And he was right on. A whole different style. I think those were important experiences.

Donna discussed the importance of being able to reflect and conceptualize when delivering psychotherapy. When she describes this attribute in herself, she reports that it is part of who she is.

> I think that a person individually needs to know, needs to be able to reflect and have insight if they're going to be a good therapist...Well, I think it's just as important for a therapist to have a very good ability for self-reflection, insight, and just the ability to process. And I have trained a lot of people who have not had that ability. And they have a very hard time conceptualizing what's going on with [their clients]. So I'm very quick at that, I can quickly conceptualize what's happening with someone. And I think that's because that's just who I am in my head.

Brian noted that while it is clearly important for an excellent couple therapist to possess strong conceptual abilities, it is also important for these abilities to be congruent with their own personality. He describes an encounter he has with a colleague he considers 'masterful' and described the sense of 'flow' she exuded.

> The thing about her that I thought was so terrific was that she had a…really a masterful grasp of what it was she wanted to do when she was doing it. And it came across in a very natural way that was clearly congruent with her…her personality and with her, with her conceptual framework…so that you could…it just flowed. There was a nice sense of flow to the whole business.

Bea described the contrasting experience of witnessing the work of a therapist who was "missing the mark." This story was in stark contrast to the many remarkable encounters with excellent couple therapists who quickly identified the core client issues.

> …And he was doing something on infidelity. And he had a man and a wife sitting there. And the wife was raging and raging and foul-mouthed and really awful. And *[Name]* was telling them, but one of the things she said right off the bat was 'I need to understand why did this happen?' And that went completely past *[Name]* and all he said was 'You've got to decide, are you going to be angry forever?'…completely, completely, even his radar didn't even pick it up…and you'll see learning therapists and the couples will be going on about something and people missing where they need to be. So I think it's that ability know where you need to be and then to be able to connect with the people, be empathic, and…that's what you need to have…

What appeared to be particularly prominent for nominators was the master couple therapists' amazing ability to conceptualize issues that couples were facing. Many of the following quotes highlight nominators' experiences with participants when they have masterfully identified issues that were important to the therapeutic process.

A nominator describes one of the participants as a conceptual master. She maintains that

> He's a master of, I'd say, like sort of conceptualizing… so he's great at conceptualizing theoretically… so I feel like he's very clear in his conceptual

> framework…and he's able to…get that across in a way…he's able to emphasize and articulate that in a way that's very clear and becomes useful and enlightening for the person he's trying to explain it to…

Another nominator describes working with a couple and subsequently transferring this couple to a master couple therapist upon leaving his job. He was amazed by her ability to quickly get to the heart of the issue for this couple.

> And what *Name* was essentially able to zone in on was his sense of loneliness. And with it was his sense of anger. And the anger that he had was towards himself…From the sense of that he could not live up to her standard of going and doing…So, in a very short time period she *[master couple therapist]* was able to go through this and just went ding, ding, ding. Like that. And just in and down like this. So she was able to nail that right up front…

Developing an Approach to Couple Psychotherapy

One theme that was discussed consistently by participants was the importance of developing a model and approach to their work with couples. A number of different perspectives regarding models of psychotherapy were discussed by participants. These perspectives included the idea of developing an approach unique to each couple, using a model of marital psychotherapy that the therapist has confidence in (specifically, in terms of empirical support), and the idea that a therapist should strive to adopt an approach that is congruent with his/her person.

A number of participants discussed the importance of using an approach that they felt was a good 'fit' for the couple with whom they were working. Olive spoke of her tendency to have an eclectic approach and to develop a unique framework that is useful for the particular couple with whom she is working.

> And, you know…I love workshops. I've gone to a lot of different conferences and workshops. And so, I'm very eclectic and I pull from different places. And it's exactly that. I try to do a goodness-of-fit between the model, the skills that come out of that model and the couple that's in front of me.

One participant discussed her own personal experience with a family member who had a learning disability. From witnessing her family member's struggle in coping with a learning disability, this therapist came to believe that each client will be unique in terms of their learning style. Therefore, she stressed that it is necessary to have an eclectic approach to one's practice, in order to accommodate those clients for whom the traditional methods may not be as effective.

> …my teaching background and my research on learning disabilities, my *[family member]* is LD, so is my *[family member]*. And it made me sensitive to the need to be multi-sensory. Therapy is a very talking thing. And some people do it just by talk alone. I know from learning styles that people are not necessarily auditory learners, or express themselves auditorily, even the brightest. And so I like the sand tray, which is mostly sensory. I find that even the brightest people who talk and are just so 'here up' *[neck up]*…I can get into their experience much better through something that they let their inhibitions down and I just sort of get in their play…and spontaneously go for things that they'd never tell me if we sat and talked for 5 sessions…

Brian discusses the importance of working from an approach firmly rooted in a clear theoretical framework, but that is also flexible enough to accommodate the distinct aspects of each couple.

> …all of that within a relatively clear framework, or structure, that is, somewhat firm, but yet flexible enough to be able to respect the individual, and to be flexible enough so that I can adjust it for the wellbeing of the client…the underlying principle, I think is the wellbeing of the client…

Finally, Virginia describes the risks a therapist takes if only drawing from one perspective when delivering psychotherapy. She highlights the point that clients can actually have a negative experience in therapy if a therapist relies exclusively on an approach to which a client has difficulty relating.

> I think, I have trouble with therapists who are married to one model of doing therapy. And you see it all the time…And it's interesting, I think there's an idea out there that

> if you don't keep to your model and hold to it, then…it's watered down, if you integrate other ways and approaches and stuff into your model. And so there's kind of the risk of, talking about using the 'catch-all' approach, or whatever. And, in the sense that well, you're trying to throw everything in, you don't really know what you're doing and you're not really being considerate about what it is that you're trying to do and really look at it...but the other side is being so rigid in a model that, that you can only see certain kinds of people…And that person is going to feel like a failure right away when they start therapy because they're not, they can't go there.

Some participants discussed the importance of the model they were using, most specifically in terms of the empirical support it had received. They underlined the importance of using a model that has been empirically demonstrated to be effective, which gives them confidence to draw from this model when working with couples.

> I have a model that I'm using with couples that has been researched and validated and it's not just me as a person…it's…a set of interventions and skills that can be taught. And because I've been doing it for a long time, I feel like I have the ability, then, to teach that. So I think it's really, the model, really helps… (Kathleen).

> …and I think that it's probably one of my greatest attributes that I know *[Model of Psychotherapy]*… (Bea).

Some participants discussed the importance of using a model that was congruent with the therapists' own personal characteristics: "It's an authenticity that allows them to blend their conceptual framework, whatever it is with their own personal qualities. And in a way, that comes across."

Brian maintains using a framework that 'fits' with him as a person ensures that he does his best work.

> …and I find that's when I work best, when I have a sense of what I want to do, that conceptual thing. And I can mold it into my own character some way and put it across to people…

Nominators highlighted their perspectives that the therapists they nominated adopted an eclectic approach to their practice. Nominators were impressed by the fact that the master couple therapists were comfortable implementing a wide range of styles. It appeared that although most of the master couple therapists were grounded in their own particular theoretical framework, they were flexible in terms of using styles that addressed the needs of each client and their unique set of circumstances.

One nominator described the eclectic approach encouraged by one of the participants in a consultation. She described the emphasis this master couple therapist placed on honouring the individuality of each client.

> …the sort of eclectic mix of theories and approaches that she encourages you to use. Because not everybody is like that. You know, some people sort of get stuck on a certain approach and that's the one they tout and if you don't use that approach, it's not acceptable, kind of thing. But *[Name]* has always been really keen on knowing a wide variety and really adapting what approach you use to your client…Because not every client is the same, you know? And some approaches that work for some people just don't work for others…Because then, you're not trying to fit each person into the same hole, kind of thing…you know, squeeze them through it, no matter whether it works for them or not…You're not just turning out people through this process…

Summary of 'commitment to professional development.' Whether it is through teaching, supervising, pursuing further training, or considering their approach to psychotherapy, this group of therapists describes an impressive commitment to their own development as therapists. Participants recognize the understanding that teaching brings to their practice. Their curiosity for the field and human behavior in general fuels a commitment to pursue additional training and pursuing ongoing learning. Developing a strong ability to conceptualize client's issues and then applying their own approach to psychotherapy appears to be an important part of these therapists' development.

Commitment to Relationships

The following quotations highlight the strong value these participants place on relationships, both in the therapeutic context and also with peers. These participants have a deep awareness for the unique aspects of the alliance in couple therapy and tailor their interventions accordingly. They display personal qualities that appear to facilitate the development of strong relationships. Perhaps it is these impeccable relational qualities that allow these therapists to maintain such a strong connection, even in the face of conflict. These participants' approach is firmly rooted in a fervent trust for clients' ability to determine their own paths.

Belief in the Importance of a Strong Therapeutic Relationship

Each participant in this study discussed the importance of the therapeutic alliance in the process of couple therapy. In fact, participants maintained that a strong therapeutic alliance is paramount to effective psychotherapy. Philip goes so far as to say that the alliance is the most important part of couple therapy: "Again, I think it's who you are, it impacts your therapeutic alliance. And I really believe that the therapeutic alliance is that most important part of therapy…" Donna agrees, indicating that if you are able to form a good alliance with a couple, then you are likely to do good work: "To me, the therapeutic alliance with your clients is the most important thing. If you have a good therapeutic alliance with your clients, you're actually going to do good work."

Brian indicates that he always has the therapeutic relationship in "the back of his mind." He maintains that…

> the things people usually pick up on, you know without a doubt has always been good therapist client relationship…it is number one…and it stays number one…you know they come in and they see you're friendly…and a good rapport…I'm always focusing on relationship…I think that's number one…

He goes on to describe a couple he had seen in therapy in which his alliance with one partner was "dubious."

> When his wife came in, who was the more defended one…I knew that I would…there's no need to go after her…she would put up the walls real quick…so I, we had a great session, and I just laid right back, and I went all on her side…come on her side…just see the world as she sees it… do not confront, do not challenge, just come on her side…because her rapport with me after 3 sessions was dubious, she didn't know whether she wanted to trust me, and it came out that she was a fairly strong feminist, it was hard to trust a man, I didn't know any of this prior, but I could just tell that she wasn't trusting me yet, so don't…that's the first thing, I have to build my rapport with her and the only thing I can do that through is just to take her side entirely, even if I might change my position later…so that's the first part, build that rapport…

Finally, Philip discussed the importance of safety within the context of the therapeutic relationship. He indicated that feeling safe and secure in this relationship was absolutely necessary if clients are to be able to access the emotions necessary to do the work.

> …that means also the ability to create a safe environment so that the person feels that it's okay to go into some deep feelings…even those they might be ashamed of, for instance, often that's what, that's what we need to work with, I think are, are…feelings and thoughts that we feel are unacceptable and so we feel ashamed of them and bury them inside, so creating a safe environment so that it's okay even…it's even okay to go there, where I feel the most ashamed…

The Alliance in Couple Therapy

Participants indicated that the alliance with couples is of great importance in facilitating therapeutic change. Of particular interest to the couple therapist is the ability to create and maintain a strong relationship in the context of working with couples. And, as participants discuss, this can be quite a challenging task when both member of the couple are at odds with each other. Bea achieves a comfortable balance by helping partners see that "they can each look at the same thing and see it differently" and assures them that each of their perspectives is important.

> Again I would say, if you're empathic, you can understand one partner perfectly well and equally understand the other partner and help the couple to know that you'll be validating…that's a skill that couple therapists have to learn…

Philip describes the experience of building a relationship with both members of a couple and the necessity of taking into consideration both clients' positions when framing interventions. He is continually aware of this dilemma when offering service.

> And I need to make sure that I establish and maintain a working alliance, a therapeutic alliance with each one. And I always have to have that in the back of my mind…each intervention with each individual is always done in the context of the relationship, the system. And I know that there's another partner listening. As I'm working with one partner, going into their anger or their hurt feelings…and everything I say to this partner, I know that the other partner is hearing it as well. And they're hearing it from *their* position, from *their* history, from *their* needs, and *their* feelings, which could be very, very different from what I'm saying to this client here, to this partner here.

Philip goes on to eloquently describe his process of maintaining the alliance with both members as a process of "thinking on two channels." He describes taking both partners' experiences into account with his choice of words and demonstrates the importance of being empathic with both members of the couple.

> …it's like thinking in 2 channels. One channel is 'I'm trying to talk to this partner, partner A over here, that is experiencing very, very intense feelings… and let's say hurt feelings. Hurt because of what the other partner just said. Partner B just said something that was very, very hurtful. And I'm trying to be very

> empathic to the hurt that Partner A feels. As I'm talking about the hurt that Partner A feels – Channel 1 – on Channel 2, I know that Partner B could be made to feel ashamed or humiliated or accused by me right now, if I say, for instance 'you know…I can understand why you're hurt. Anyone would be hurt after being slapped around like that. That's incredible.' Of course, now, if I've said something like that, Partner A might appreciate that, but Partner B is going to feel like I've just judged them, that I'm accusing them. And so, because I've got this Channel B, this second channel going on, what I'll say here might be very different. So I might say something like, "I can understand how hurt you might feel just now, after hearing what you just heard.' And then, I'll immediately turn to Partner B and say 'And I understand that the way you said it right now may not be necessarily be an accurate reflection of how you really feel underneath, but you also are struggling with your hurt and you're trying to get it across and it's difficult to get across when you don't really feel like the other person is attentive to you.' And then I'll turn back to that first partner and say, you know, "I understand that you're not deliberately being inattentive, but you have some interference, you have some difficulty. That's why you have a hard time being attentive to your partner.' So I'm going back and forth like this because I'm constantly on 2 channels. That's sort of the best way I can describe it.

Jason describes the sense of being aligned with both clients simultaneously. He discusses the challenge of supporting and developing a connection with one partner without undoing the support of the other partner; this is quite a challenge.

> I feel like I'm really aligned with them…and I'm aligned with both of them at the same time, which is a formidable task in couples therapy…very difficult to give support to one in a way that will not undo the support to the other person…especially if they're in the middle of conflict…if I start supporting one, the other person might perceive that I'm no longer supporting him or her…and so the words that I choose, the way I will frame my intervention has to take into account both partners at the same time, all the time…and I find that to be one hell of a challenge…but when it happens, that's a good moment in therapy, a really good moment in couples therapy…where I feel I still have the alliance with each partner and I have an alliance with their relational system as well, that's a little bit abstract, but I get a sense of it somehow…

Brian takes the approach of discussing this balance as a therapeutic issue. His strategy is to predict unbalanced dynamic at times, but assures that overall, his approach will be balanced.

> …Individual therapy, you're often given the luxury of working with someone you're on the same wavelength with. In couple therapy, if you're on his

> wavelength, you're probably not on her wavelength…I don't. I don't try. I tell people. I saw someone do this, but it made great sense to me. And he was the best therapist I ever saw…he said to the couple, he said, 'Look, sometimes I'm going to be on your husband's side, sometimes, I'm going to be on your side. Sometimes you'll be mad at me because I'm saying things you don't like and sometimes he'll be mad at me. But, you know, at the end of the day, it's all going to balance out, so don't worry about it.' And I don't worry about it. It's never been a problem. Sometimes people have felt that I've sided, but we deal with it.

He addresses this by empathizing and understanding each partner's positions and by communicating a deep respect for these different perspectives.

> ….I try to let the people I see know that I understand where they're coming from. So you know, I don't see it as my job to say you know, 'He's right, this is to hard' to the wife. Although that there are times that I'll say it. But it's not…my goal is sort of to understand, to empathically understand what their experience is and where they're coming from. So I try to communicate that and hopefully they get it. If they feel sufficiently given to, then they won't be resentful.

Nominators discussed these therapists' abilities to develop a balanced relationship with each member of a couple and their "masterful" approach to achieving this. One nominator highlighted a therapist's ability to validate each partner's perspective and to move away from placing blame.

> And yet, is able to, without creating any shame or guilt, try to get…we really validate that there isn't only one way and it isn't about who's right or wrong. It's about the fact that there's been certain patterns that have become entrenched…And as I'm groping to articulate it, I guess I'm realizing… you have to be able to give them a sense that… they're both valuable players in the scene…

Another nominator indicated that from her experience, couples who terminated therapy before significant gains had been made, were often those who perceived the alliance as being unequal.

> …to feel safe…and to open up…to trust the therapist. You know, most of the times have fallen out of therapy, that's been a key issue…One of the partners has felt ganged up on, or whatever, whether it's perceived, you know whether it's been their projection, or reality, that's been a key factor…

Personal Qualities That Facilitate Strong Relationships

Participants in this study appeared to possess personal qualities that are conducive to developing safe, secure relationships. As well, when asked to discuss excellent or master couple therapists, participants agreed that in order to be an excellent couple therapist, one must possess strong relational qualities.

Participants discussed the qualities of authenticity and genuineness as being integral to the master couple therapist. Bea indicated that

> I don't know, if it was me, I know that I would pick up about me…and what I would value, but I don't know if other people would value and that is that I'm real…and rather than sort of being stuck up and hiding behind this institution or academia or whatever, I suspect that's what my clients like about me.

She continued that it is important to ask yourself, "Are you a genuine person who's able to form good alliance with their clients?" When describing someone who she considered a master couple therapist, Kathleen stated that, "And she's also very…she's very real and caring." When describing himself, Brian indicated that, "I probably seem fairly straightforward, fairly authentic…decent enough…" This therapist consistently cited authenticity as a quality that would be essential to excelling as a couple therapist.

A number of relational qualities were raised as important by participants. For example, Bea described empathy as being important: "Because I think that …if you are naturally empathic, and warm, and you like people…I think that it makes it easier for people to be in therapy…" Donna discussed the quality of acceptance in her work with couples; "And again, tries very hard to not make any moral judgments, no matter what their clients bring in… And I think that who I am is a person who is extremely accepting of various client issues, problems." Finally, Philip discussed a variety of qualities related to Carl Rogers:

> I also thought of Carl Rogers…when he talks about unconditional positive regard, genuineness, warmth, empathy, I can't see how you could do couples therapy, or any therapy for that matter without having those, those ingredients… that's a very good word, very much a question of attitude…and again, I think Carl Rogers, when he talked about genuineness and warmth and unconditional positive regard for the client…God, those things are really, really key, when you think about it…

When describing a colleague who he considered masterful when working with couples, Brian indicated that this colleague is the most empathic person he has ever known: "*[Name]* is a very, very empathic person, very warm."

Trustworthiness and honesty were also highlighted as important qualities to possess when forging a strong therapeutic relationship.

> …they had a sense of real trust and honesty. So, basically, honest with bringing forth some of the hard messages… But somehow, it was received fine by the person who was violent. Because he talked about the real sense of honesty… (Virginia).

Credit was also given to a good sense of humor by many therapists when taking into consideration some of the strong therapeutic relationships they have been able to develop; "And…I think humor and fun and playfulness has a good part in therapy"(Brian)… "And I have a good sense of humor. And I think that, I find couples respond to that. Because it sort of lightens up the mood" (Sylvia)… "So integrating the hard stuff with laughter and fun and helping them be more natural with each other" (Virginia).

Many of the participants acknowledged their ability to quickly form a healthy alliance with the couples they see in therapy. Bea stated that "If there's one attribute of my own or talent, or something that I will own, that is that I can quickly make an alliance with people…" She went on to say that an important part of distinguishing a master couple therapist was to ask "Are you a genuine person who's able to form good alliance with their clients... do you have to have the ability to connect with people?"

Kathleen discusses "joining our clients" as a primary consideration in terms of whether or not productive couples therapy will take place.

> That's a primary…. consideration, that they sit there and are able to really join with their clients and with any client…And that the therapist is willing to join with their client. That they're not there just to get a paycheck and sit their butt in a chair, right? And that they're really willing to join in the clients' experience….to me, it's a philosophy and it's an attitude also in terms of the humanistic. People that aren't humanistic are more mechanical in the way they approach people, so to me, that makes a difference…So, and I'm not afraid to, kind of let myself make that kind of connection…

Sylvia acknowledges that she can form a strong alliance quickly and maintains that this is very helpful in her therapy.

> And I really, for the most part, I think I develop a pretty strong alliance…and I think that that was a piece of therapy that worked well, partly because of the relationship that I was able to develop with her…

All nominators spoke at length about the wonderful, relationship facilitating qualities portrayed by the therapist they nominated. Qualities such as empathy ("…and very empathetic…even in her daily…all her interactions. She's very experiential and very aware of where the person she's communicating is coming from…"; "I also think that they're both extremely empathic people who work with a lot of gentleness and caring."), conveying honor and respect ("it's basically an incredible sense of being respected and feeling heard…"; "she was the only one who really…managed to hold both of them in a way that they felt honored and respected…"), and a good sense of humor ("I think that she's got a great sense of humor…And a dry wit…a very dry wit, which she uses appropriately") were consistently noted.

Importance of Peer Relationships

Participants consistently discussed their practice of consulting with other professionals and the importance that these relationships have on their practice. Bea describes her strategy when she is confronted with a difficult case: "I think that what comes to mind is usually when I get challenged like that then I start talking to other therapists, in terms of trying to get some input." In the same vein, Olive described a peer group that was important to her own development as a therapist: "And so that was a really tight group, which was an important chunk." Jason discussed the role that supervisors had played over the course of his training and how this consultation had enriched his practice.

> and maybe the other piece in this, by the way, I've had good supervisors in my time, in my masters in my PhD, supervisors who are affirming, who are risking with you, try this, try that, go ahead try that…

Philip agreed with the importance of consulting with colleagues and believes that this practice is integral in maintaining one's own emotional health.

> …And sometimes, if we're working, for instance with borderline clients, they can be very, very intense, and they'll project a lot of things into you, and you're going to end up carrying this stuff…and so it's important that you have your own support group…that's a requirement, you have your own peer support group, to talk about your feelings, to talk about your experience, so for me, that's …a very, very important ingredient…

Nominators discussed the master couple therapists' ability to form strong relationships, not only in terms of the therapeutic relationship, but also with colleagues and in their personal lives. One nominator indicated that one therapist's ability to relate to others, including colleagues, contributed to his decision to nominate them as a master couple therapist.

> …their ability to communicate to me what was going on…so they can, it's not just that they can work with a client, but they can work with a peer…But the willingness for a master therapist, I think is that willingness of how they inter-relate with other people.

Another nominator discussed her experience of a therapist she nominated and their tendency to seek out solid relationships, both personally and professionally.

> They have solid relationships…You know, and they seek out solid relationships. And they base it on that…but I have seen several of them consciously choosing relationships…

Trusting the Client & Following Their Lead

Participants adopted quite a collaborative approach when working with clients. Often, participants would describe their clients as the experts on their own experience: "Your clients are the people who know what they're doing, believe it or not. They might get stuck, and get hooked, and get caught, and get angry, and all of that stuff, but it's the couple that are the, they have to listen to their couples" (Donna).

Philip described a metaphor that he introduces to clients in describing the collaborative stance he takes in therapy. He describes himself as a guide and likens the therapy experience to exploring a system of unknown caves.

> …Also to trust that this is something that we're going to do together, it's a collaborative effort…I don't have to have all of the answers, although sometimes some clients make you feel that you should…and I present it that way to clients sometimes, when I feel that it's appropriate…tell them, you know, we're going to work at this together…and I don't necessarily have all of the answers…this is where I use the analogy of the cave and exploring the cave…I don't know what the content

> is, the client may know, or may not know…they may have an inkling of what it is, but that's why they're here, they want to know more about it…so it's like walking into a cave, you know, it's like a system of caves, you walk into a cave and you light up a couple of candles and you sit there and you say, okay, so what's, what's over here…we look at the shape of the rocks…and see whatever's there…and we try to make sense of what that means and as we look around, we say 'oh, did you notice that shadow up there? Do you want to go see it?' and so we light up a couple of candles up there and then there's another part of the cave or another cave that opens up and after a while, we start to get a sense of the overall person, the overall system of caves…and that opens up choices…in terms of change…okay, so this is you, this is who you are…what do you want to do with this?

Virginia emphasized the importance of perceiving clients as experts of their own experience in order to prevent the formation of a dependent attachment on the therapist.

> …And that helps them process it and puts it back to them, rather than me being the expert on their lives. Well, I totally think they're the experts; I'm just a guide. So that they don't have to end up you know…that they have to be always coming back to me…

Maintaining Connection in the Face of Conflict

Sooner or later, most participants acknowledged that effectively managing conflict becomes an important issue when delivering couple psychotherapy. As the following quotes suggest, maintaining the secure connection described in the previous sections can be a real challenge, particularly if partners are at odds with each other.

Bea maintained that couples therapists must be particularly "robust around" conflict. In fact, she highlighted the necessity of the couples therapist resolving any difficulties he or she might have around dealing effectively with conflict.

> …I know that some therapists have a great deal of difficulty with conflict. And I think that you have to be able to have a certain robustness around that right?…In fact, I remember working with someone who was realizing that she actually lost it when

> there was conflict. She, when she figured that out, she went off and did some therapy, actually. It was about home, when she was a kid. And she got past it and she was fine. But I think you actually have to be robust with that, well I do, when there's conflict in the session, I like it.*[laughter]*. I've found a way of liking it. Because I will sit back and I'll let them know I'm doing it. And I will go to the process, right? And they'll know that I've gone into process, too. And that sort of helps them get off it and let it go. So it's a way of protecting yourself from being upset by it.

Throughout the interview, Sylvia returned a number of times to the importance of tolerating strong affect and conflict when one engages in therapy with couples. She discusses the idea of not only handling conflict well, but actually seeking it out as a piece of the work with couples.

> So maybe that, I think I've got courage to do this work. Strong affect doesn't worry me. I love it. I really feel it's alive when *[couples do the]* emotional work…So that may be a piece of it…I think people are often afraid of intense emotion. And conflict. And you really get people screaming at each other. And you have to do something about it…and a lot of people just don't want to go there… and the capacity to tolerate strong affect…beyond tolerate, actually…to actually encourage it, have it be a piece of the work…

Sylvia goes on to discuss the importance of allowing conflict to emerge to be able to have a better understanding of the couple dynamic. She does maintain, however, that if the interaction begins to be in any way abusive, she will set clear and firm boundaries around the expectations for behavior in the session.

> I let them scream for a bit because I need to see what; usually a lot of good interesting stuff comes out. I don't jump in and stop them right away. But then I might say something like, 'Do you really want to do this now? Could you do this at home just as well? Because, you know, you're paying me a lot of money, so maybe we need to look at what's happening here and what got you into that place.' And I don't have…I can't remember having to stop anybody who I thought was being screamingly abusive…I might actually put my hand on somebody and say, 'I think we need to stop this now. This is getting – this feels dangerous to me. You may be saying some things that you might regret. Let's slow it down and see what's going on.' I think if it was getting scary for the partner, I might stop it. I'm sure I've stopped it many times, I just can't think of it right now…

Nominators noted these therapists' abilities to easily forge a strong therapeutic alliance with clients ("…and I think the ability to establish good rapport…."). In particular, these therapists appeared to be very good at establishing relationships with clients that were strong enough to tolerate challenge from the therapist and remain intact.

> she's a very straight shooter, she challenges them at a very deep level, but at the same time, they feel, you know held by her and honored by her…

Another nominator described a mutual client with the therapist she nominated and reported that this therapist was particularly good at challenging clients to come to new understandings without being destructive or promoting shame.

> And I think *Name* was especially proficient at not letting, you know really helping him…listen to the pain he'd caused…and without being destructive, kind of getting him to a point where he didn't want to go, but you know, he needed to go in order that they could mend the relationship…

Summary of 'commitment to relationships.' As evident in the previous quotations, this group of therapists is acutely aware of the value of solid relationships, both in the therapeutic relationship and also with colleagues and in their lives in general. They appear, as a group, to possess strong relational qualities that facilitate the development of alliances which was evident in their description of themselves and other excellent couple therapist, but was also clearly evident to the researcher upon meeting them individually. Their approach with clients was based on a deep trust of clients' experience which they appeared to embrace in their development of therapeutic interventions.

Discussion

The purpose of the current study has been to explore and understand the characteristics of the master couple therapist. This purpose has been served by the emergence of the themes describing these therapists' commitment to personal development and self, professional development, and relationships. Specifically, the results of this study provided an expansive thematic description of these master couple therapists' self-descriptions of the attitudes, practices, and characteristics they believed constituted their excellence at this therapeutic modality. This section will situate the current findings in the context of existing research pertaining to therapist excellence in psychotherapy, and the existing couple psychotherapy therapy literature.

Results of this study suggested that these therapists expressed a profound commitment to personal development, professional development, and relationships. When considering these therapists' commitment to personal development, both self-care and therapist self-awareness were cited as integral parts to the effective practice of psychotherapy by the current participants. This finding supported existing psychotherapy literature and highlighted the importance of integrating self-care practices and committing to personal growth and awareness in order to ensure the effective delivery of couple therapy services. Participants also maintained that the role of couple therapist was a natural one to adopt and this naturalness appeared to evoke a passion for the work they did. These therapists appeared to strike a balance between a healthy confidence in their abilities and a modesty/humility that characterized their demeanor.

Regarding the description of participants' commitment to professional development, findings in the current study supported a consensus in the general psychotherapy literature that a commitment to ongoing learning was an important determinant in professional development. Participants were conceptual masters who engaged in teaching roles that, as the literature suggested, fostered a deep understanding of the therapy process. Participants spoke to the somewhat controversial issue of theoretical orientation with seven participants preferring to adopt a model or approach that complements the couple as well as their own personality and two participants pledging allegiance to a particular approach to couple therapy.

Participants described a commitment to relationships, both within therapy and with peers as vital to effective practice. These participants mirrored the longstanding finding that the therapeutic alliance was an integral determinant to the delivery of effective psychotherapy. However, a number of distinct qualities of the alliance in couple therapy were discussed and presented the master couple therapist with unique challenges. These included the challenge of building trust with two individuals whose trust in one another has often eroded. In order to address these challenges, this group of master couple therapists used their exceptional relational skills, their deep respect for couples' autonomy, their ability to maintain connection in the face of conflict, and used a heightened awareness when framing their interventions. Finally, participants strongly valued peer relationships, which the literature cited as imperative for the practicing therapist.

The current findings adopted a new approach to exploring factors that are involved in the successful delivery of couple therapy. Currently, much of the existing literature regarding the practice of couple therapy has focused on factors related to theoretical orientation and empirically supported therapies (Sprenkle et al, 2002), with the exception of a growing body of research exploring the therapeutic alliance in couple therapy (Brown & O'Leary, 2000; Frielander et al, 2006; Johnson & Talitam, 1997; Symonds & Horvath, 2004). The current investigation provided readers with a description of these master therapists' attitudes, practices, and characteristics they believed constituted their excellence at this therapeutic modality. Additionally, the reports of some of their colleagues who provided their nominators were considered. This information may have practical implications for the individual practitioner and provide them with the opportunity to consider what aspects, if any, of the results may help to improve their own practice.

The results of the current study have also been consistent with much of the current research on master therapists in general. Jennings and Skovholt (1999) described the cognitive, emotional, and relational factors of master therapists and have continued with further investigations of this group of therapists (Sullivan, 2002, 2005; Mullenbach & Skovholt, 2004). The current participants mirrored the original group of master therapists in terms of superior cognitive abilities, particularly including their outstanding commitment to ongoing learning. Although strong conceptual abilities were inherent in the original master therapist findings, these participants did not overtly mention conceptual abilities. Perhaps this highlighted a necessary condition for the master couple therapist, given that complex dynamics that were not always present in individual psychotherapy commonly characterized work with couples. The "emotional characteristics" discussed by Jennings and Skovholt (1999, 2004) were also found in the current study, particularly the importance these participants placed on self-awareness, attending to their own emotional health, and demonstrating a confidence, yet modesty in their demeanor. Finally, the current group of participants mirrored the importance placed on relationships by the original master therapist participants. However, as stated above, the current participants highlighted a number of distinct challenges faced by the couple therapist in maintaining an alliance in their work, particularly the challenge of building trust with two individuals whose trust in one another has often eroded. The qualities and skills these therapists used to accomplish this challenge appeared to be in addition to the strong relational qualities described of master individual therapists. These unique qualities present in this group of master couple therapists will be further discussed in the coming sections.

Commitment to Personal Development and Self

Therapists' commitment to personal development and self-care has been well established in the literature (Kramen-Kahn & Downing-Hansen, 1998; Norcross, 2005). As was elaborated in the result section, the couple therapists in the present study reported that they were deeply committed to maintaining their emotional health. Participants consistently highlighted the importance of being relatively emotionally healthy to ensure the delivery of quality services. They appeared to be acutely aware that their emotional health impacted the quality of their work.

The literature regarding the psychological health of the therapist supported the notion that the profession of psychotherapy has the potential to be hazardous to practitioners' emotional health (Kramen-Kahn & Downing Hansen, 1998; Norcross, 2000, 2005). In fact, Valente and Marotta (2005) maintained that psychotherapists were particularly at risk for burnout. Kramen-Kahn and Downing Hansen (1998) discussed the job-related stressors that psychotherapists could encounter in their professional lives. They reviewed five areas in which psychotherapists could encounter stress in their day-to-day functioning. These stressors included business-related problems (i.e. economic uncertainty, record keeping), client-related issues (i.e. suicidal threats), personal challenges of the psychotherapist (i.e. constant giving), setting-related stressors (i.e. excessive workload, and evaluation-related problems (i.e. difficulty evaluating client progress). Apparently, these stressors have taken their toll on psychotherapists with 60% of responding psychologists indicating that they had worked when "too distressed to be effective" (Pope, Tabachnick, & Keith-Spiegel, 1987).

In light of the previously mentioned risks inherent in the profession of psychotherapy, it was equally important to continually be aware of the meaningful rewards that are abundant in the practice (Norcross, 2000). Norcross (2000) states,

> The hazards of psychological practice must be reconciled and balanced with its privileges. Clients are not the only ones changed by psychotherapy… practioners would do well to remember that the vast majority of mental health professionals are satisfied with their career choices and would select their vocations again if they knew what they know now (p.712).

Kramen-Kahn and Downing Hansen (1998) described six areas in which psychotherapists derived great pleasure from their work. These included feelings of effectiveness (in terms of helping clients improve), on-going self-development, professional autonomy/independence, opportunities for emotional intimacy, professional/financial success, and flexible, diverse work.

So, although work in this profession had the potential to be quite rewarding, there were certainly also stressors that were evident. As such, it became important to consider the effects of such stress (particularly when chronic) on the psychotherapist and consequently, on the service they provided. As noted previously, participants in the current study reported that they took great care to ensure that they remained as emotionally healthy as possible. The importance of this effort was supported in the literature by numerous studies (Barnett et al, 2007; Shermen & Thelen, 1998; Slattery & Park, 2007) that highlighted the fact that a failure to adequately attend to one's own psychological wellness and self-care could result in decreased quality of service (Barnett et al, 2007; Sherman & Thelen, 1998). In fact, Shermen and Thelen (1998) noted that therapists' personal adjustment was positively related to positive client changes on the MMPI (Garfield & Bergin, 1971).

Participants in the current study claimed that the therapist had a responsibility to ensure their own emotional health in order to provide quality services to their clients. This notion supported the findings of Jennings and colleagues (2005) as they discussed the master therapist taking steps to manage personal and professional stressors in the context of the ethical values of beneficence and nonmaleficence. Their results indicated that master therapists not only valued helping others, but were astutely aware of the tremendous potential to do damage in the context of the therapeutic relationship. Consistent with the approach taken by therapists in the current study, the current participants were continually mindful of ways to minimize potential harm to clients, particularly in the area of ensuring their own emotional health. Current participants repeatedly stressed that attention to self-care was an essential task for the couple therapist.

The actual strategies that each master couple therapist in the current study pursued to address their emotional well-being were unique. These therapists described a range of activities including nurturing relationships with friends and family, exercising, eating healthy foods, nurturing important relationships, striving to create a balance between person and professional life, and engaging in personal therapy.

This wide range of activities was also reflected in the general therapist self-care literature as facilitating the development and maintenance of emotional health. Mullenbach and Skovholt (2004) advocated that the engagement in multiple professional roles can be a protective factor for the psychotherapist. In their study of master therapists, they found that participants engaged in a broad array of restorative activities, which provided a diversion from work-related stressors and also an avenue for reconnecting with the self and others.

Some authors (Coster & Schwebel, 1997; Kaslow, 2005; Mullenbach & Skovholt, 2004; Sherman, 1996; Schwebel & Coster, 1998) suggested seeking a balance through involvement in non-clinical activities as well as professional activities and suggested that structuring one's caseload in order to prevent becoming overworked is important. Mahoney (1997) suggested engaging in pleasure reading, physical exercise, hobbies, recreational vacations, peer supervision, prayer/meditation, and volunteer work. Barnett and colleagues (2007) suggested supervision, continuing education, and engaging in personal therapy. Norcross (2000) echoed some of the above-mentioned strategies, the development of awareness for the hazards and rewards inherent in the practice of psychotherapy, focusing on self-monitoring so the professional can engage in self-care activities as needed, modifying environment, nurturing relationships, engaging in personal psychotherapy, and engaging in multiple professional roles in order to prevent monotony.

Current participants also advocated for pursuing personal psychotherapy in order to maintain emotional health and address any personal issues. In fact, each participant in the current study noted the importance of engaging in personal therapy, should personal stressors arise. This opinion has been reflected in the literature with Norcross (2000; 2005) pointing out Freud's proposition that personal therapy was the deepest and most rigorous part of one's clinical education. In fact, Freud (1967) suggested that practitioners seek a course of personal therapy at minimum every 5 years. Norcross (2005) also pointed out that most therapists hold the common belief that personal therapy is a desirable, if not necessary prerequisite for clinical work. Three quarters of mental health professionals have undergone personal psychotherapy (Mahoney, 1997; Norcross & Guy, 2005). As well, although findings are somewhat mixed, over 90% of those mental health therapists who sought help found that it was of benefit (Norcross, 2000) and found that it generally had a positive influence on the therapy relationship (Norcross, 2005). There appeared to be a general consensus in the literature that the therapist's personal psychotherapy was helpful and desirable (Barnett & Hillard, 2001; Barnett et al, 2007; Coster & Schwebel, 1997; Dearing et al, 2005; Farber, 2000; Jennings, 1999, 2004; Kaslow &

Schulman, 1987; Kramer-Kahn & Downing Hansen, 1998; Mahoney, 1997; Mullenbach & Skovholt, 2004; Norcross, 2000; Norcross, 2005; Norcross & Guy, 2005; O'Connor, 2001; Paris et al, 2006; Sherman, 1996; Sherman & Thelen, 1998; Slattery & Park, 2007). Norcross (2005) also stressed the importance of having the experience of psychotherapy, not only for the wellbeing of the therapist, but also to give the therapist a sense of the potency of psychotherapy so as to communicate this to their clients.

Participants highlighted the value of instilling these attitudes in new therapists as they enter the profession. Findings in the literature supported this notion and advocated for the development of an attitude of acceptance towards self-care strategies, particularly the engagement in personal psychotherapy that spans the entirety of practitioners' professional careers (Barnett et al, 2007; Bruss & Kopala, 1993; Coster & Schwebel, 1997; Dearing et al, 2005; Farber, 2000; Schwebel & Coster, 1998; Sherman, 1996). These authors stressed the importance of developing a healthy attitude towards caring for the self. They believed that seeking therapy to deal with personal life events was essential and that the therapist's personal life influenced their professional development (Sherman, 1996). These studies (Barnett et al, 2007; Bruss & Kopala, 1993; Dearing et al, 2005; Coster & Schwebel, 1997; Schwebel & Coster, 1998; Sherman, 1996) also emphasized the modeling role faculty and supervisors can play for graduate students. Farber (2000) believed that developing a normative stance within the profession in terms of seeking personal therapy was essential and should begin in graduate school. It was found that psychology doctoral students tended to seek help more readily if therapy was presented by faculty and/or clinical supervisors as normative. Sherman and Thelen (1998) highlight the importance of normalizing help seeking behavior in times of distress for psychotherapists in order to avoid impairment in our practice.

Although this finding was not explicitly reflected in the current participants' interviews, the literature highlights an important related finding describing the current problematic approaches the profession of psychology holds for dealing with those therapists who are distressed and/or impaired and need services (O'Conner, 2001). O'Conner (2001) and others (Barnett et al, 2007; Mahoney, 1997) claimed that the profession has distanced itself from its impaired members and has demonized those who were having personal difficulties. O'Conner (2001) recommended the self-care strategies of addressing isolation in practice, setting appropriate limits and boundaries with work-related activities, and encouraging the development of strong collegial relationships. He stressed the importance of the development of a climate where individuals experiencing distress are encouraged to seek help.

Related to the issues of ensuring therapist emotional health is the therapist's level of self-awareness. Therapists in the current study cited the importance of self-awareness and self-monitoring in order to be sensitive to when their own emotional needs may need to be attended. Participants' beliefs regarding clinician self-awareness and commitment to personal growth as a central determinant in effective psychotherapy supported widespread research findings in the field of psychotherapy (Auld et al, 2005; Barnett et al, 2007; Bruss & Kopala, 1993; Coster & Schwebel, 1997; Jennings & Skovholt, 1999, 2004; Jennings et al, 2005; Kuyken et al, 2003; McCannaughy, 1987; Murphy et al, 2006; Neilson, 1997; Nutt Williams & Fauth, 2005a, 2005b; Peterson et al, 1997; Ronnestead & Skovholt, 2003, 2005; Schwebel & Coster, 1998; Skovholt, Jennings & Mullenbach, 2004; Valente & Marotto, 2005). This was particularly true when the therapist was facing one or more personal stressors (Slattery & Park, 2007). According to Ronnestead and Skovholt (2005), an open attitude towards self-awareness and personal growth fostered increased personal development in the therapist, whereas a more closed attitude fostered stagnation. They noted that as therapists gained experience, they became increasingly aware that the self was being expressed in one's work. They described the closed and defensive attitude taken by some practitioners towards personal development and noted that it can lead to stagnation. This idea mirrors the sentiments expressed by some of the master couple therapists in the present study when they described someone who they would not place in the category of a "master clinician" as one who "doesn't go the extra mile in terms of developing themselves" (Kathleen).

The literature revealed a number of ways that therapist self-awareness can be useful within the therapeutic context. Self-awareness has been linked to therapist efficacy and positive therapy outcome (Mahoney, 1995; Strupp, 1996). Research has found that the therapist's level of personal awareness of their own emotions increased their abilities to accurately identify emotions in clients (Machado, Beutler, & Greenberg, 1999). Therapist increased self-awareness has been shown to foster a more authentic and less defensive stance in the therapeutic encounter (Neilson, 1997). Self awareness has also been instrumental in the effective use of therapist self-disclosure in therapy (Simon, 1988).

Participants in the current study maintained that self-awareness was critical in determining the need for their own self-care. Coster and Schwebel (1997) also noted this link between personal awareness and self-care, and indicated that personal awareness was central to the ability to engage productively in self-care strategies. They maintained that clinicians need to be able to monitor themselves and take action when needed. Barnett and colleagues (2007) raised the issue self-awareness as being instrumental to offering ethical services to clients, similar to the issues of self-care. They (2007) maintained that it is necessary for practitioners to address their "psychological blind spots" in order to ensure quality services.

As is the case with self-care, many authors stressed the importance of adopting a lifelong commitment to developing self-awareness and committing to personal growth. They maintained that this needs to become an attitude that endures for the length of one's professional career. Some authors suggested that cultivating this attitude early in the training of new psychologists will help to create a norm in the profession for committing to a lifelong reflective practice. They suggested that faculty and clinical supervisors can have a significant impact on novice practitioners by cultivating an atmosphere conducive to the development of self-awareness. By modeling an attitude of personal growth and sharing the belief that personal development is an essential task for the psychotherapist, faculty and clinical supervisors could make quite an impact on incoming practitioners to the profession.

Participants in the current study described the role of couple therapist as being a natural one for them to adopt. They exuded a wonderful excitement and passion about their work with couples, which was absolutely contagious. This appeared to be a trend in the literature exploring master or excellent therapists. Jennings and Skovholt (1999, 2004) found that master therapists felt that the role of helper was a natural one for them and felt that their work was a "calling." This same group of researchers (Mullenbach & Skovholt, 2004; Skovholt, Jennings, & Mullenbach, 2004) found that the role of helper was a natural one for master therapists and that they often found themselves adopting this role early in their lives, either in their family of origin or in early relationships.

Ronnestad and Skovholt (2003, 2005) explored the therapist's professional and personal development across their career and noted that increasing professional development involved a higher order integration of the professional self and the personal self. They found that the therapist's personality and the role of helper were frequently quite compatible. They also found that therapists tended to develop a working style that fit their personality. Kaslow (2005) echoed the above findings, and indicated that she had always taken the part of helper, both in her family of origin and with friends growing up. She described the profession of therapy as her calling.

The participants in the present study had a lovely way of expressing a clear confidence in their abilities and simultaneously exuding a profound modesty and humility. The modesty and humility observed in this group of couple therapists was also obvious in other studies describing excellent therapists (Jennings et al, 2005; Jennings & Skovholt, 1999, 2004). Their participants also appeared to be vigilant towards the hazards of grandiosity and the ill effects this could have on their professional work. Jennings and Skovholt (1999, 2004) suggested that the willingness to acknowledge limitations and avoid grandiosity is perhaps an indication of competence.

Summary of 'Commitment to Personal Development & Self'

Both self-care and therapist self-awareness were cited as integral parts to the effective practice of psychotherapy by the current participants. This finding supported existing psychotherapy literature (Coster & Schwebel, 1997; Norcross, 2005) and highlighted the importance of integrating self-care practices and committing to personal growth and awareness in order to ensure the effective delivery of couple therapy services.

Participants also described that the role of couple therapist was a natural fit for them, which appeared to evoke a passion for the work they do. These therapists appeared to strike a balance between a healthy confidence in their abilities and a modesty/humility that characterizes their demeanor.

A Commitment to Professional Development

Current participants consistently displayed an amazing ability to conceptualize client issues. They discussed the importance of being able to accurately detect dynamics in the fast pace characteristic of couple therapy. Ronnestad and Skovholt (2003; 2005) discussed therapists development in terms of conceptualizing clients and indicated the occurrence of an integration and consolidation process where the individual practitioner was "throwing away clutter and building a coherence in the professional/personal self" (Ronnestead & Skovholt, 2003, p.20). It appeared that participants in the current study have undergone a heightened development in this area. Jennings and Skovholt (1999) discussed a number of traits related to master individual therapists, including their cognitive characteristics. Although strong conceptual abilities were inherent in a number of characteristics they described (i.e. voracious learners, the tendency to draw heavily on accumulated experiences, and a tendency to value cognitive complexity/ambiguity), actual conceptual abilities were not overtly mentioned by these participants. Perhaps this highlights a necessary condition for the master couple therapist, given that complex dynamics that were not always present in individual psychotherapy commonly characterize work with couples.

Perhaps as a result of their exceptional conceptual abilities, current participants described an incredible thirst for learning. They were intensely curious about relationships and particularly, the dynamics of the couple relationship. These participants indicated that they were continually seeking a higher level of understanding and knowledge through reading, contemplating client dynamics, consulting with colleagues, and pursuing additional formal training. As Virginia revealed, “As my husband would say, I’m an eternal student. I will be forever.”

This attitude of curiosity and openness to learning supported a significant body of research that highlighted the importance of ongoing learning to professional development. Ronnestad and Skovholt (2003, 2005) maintained that an intense commitment to learning and curiosity were the building blocks of increased professional functioning. This attitude of eagerness propelled the developmental process forward. Jennings and Skovholt (1999, 2004) described a group of master therapists as "voracious learners." These participants used words such as "hunger" and "thirst" when describing their need and desire to learn and develop. In the article describing the cognitive, emotional, and relational elements of the master therapist, one participant jokingly indicated that her desire to learn was so strong that her epitaph should read "Her Questions are Finally Answered!" In another study exploring master therapists, these researchers (Mullenbach et al, 2005) found that the insatiable curiosity demonstrated by the therapists was so strong that they would actively place themselves in positions to enhance their own learning.

Many authors indicated that lifelong learning was an important part of clinical growth and ensuring quality psychotherapy services (Cornford, 2002; Coster & Schwebel, 1997; Jennings et al, 2005; Jennings & Skovholt, 1999, 2004; Kaslow, 2005; McCombs, 1991; Mullenbach & Skovholt, 2004; Paris, Linville, & Rosen, 2006; Peterson et al, 1997; Rodolfa et al, 2005; Ronnestad & Skovholt, 2003, 2005; Schwebel & Coster, 1998; Sherman, 1996; Skovholt, Jennings, & Mullenbach, 2004; Spring, 2007). In fact, some researchers noted that this practice was essential for the ethical delivery of psychotherapy in that it can help keep a person engaged and motivated and can reduce a clinician's chances of becoming impaired (Sherman, 1996).

Mirroring the current findings that participants actively seek out chances to develop their own competency, Jennings and colleagues (2005) discussed the high ethical value that his group of master therapists placed on maintaining and building their skill set. They were passionately committed to maintaining and enhancing their competence as therapists. This group of therapists highlighted the importance of actively seeking out activities and practices that enhance professional learning and growth.

One nominator described her nominee as possessing a "beginner's mind." She viewed the master couple therapist as one who took an insatiably curious and fresh approach to learning. Ronnestad and Skovholt (2003, 2005) described the importance of practitioners developing an open approach that had "an active, searching, exploratory, trying-out quality" (p.13).

Many authors highlighted the importance of fostering a culture to support lifelong learning beginning in graduate school (Peterson et al, 1998; Schwebel & Coster, 1998; Spring, 2007). They maintained that by fostering a climate of continual development and ongoing learning, novice practitioners would bring these important habits into their professional lives to enhance their competence levels.

McCombs (1991) raised an interesting point for those attempting to foster the culture of ongoing learning and development. She indicated that motivation for learning was heightened when individuals were engaged in respectful, caring relationships with others who saw their potential, genuinely appreciated their unique talents, and unconditionally accepted them as individuals. She suggested that "higher-order and healthier levels of thinking, feeling, and behaving is facilitated by quality interpersonal relationships." Kuyken et al (2003) mirrored this opinion, indicating that self-esteem problems and anxiety were roadblocks to ongoing learning and actually impaired the learning cycle.

In addition to a commitment to ongoing learning, participants in the current study found that being involved in a teaching capacity had been instrumental in their development as couple therapists. They maintained that teaching ensured that they truly understood the material and stayed up to date on developments in the field. As Olive says, "If I can teach it, then I know it." This supported Ronnestad and Skovholt's (2003, 2005) conclusions regarding the importance of involving oneself in the field as a 'professional elder' (i.e. mentor, supervisor, teacher). They maintained that this role provided valuable experiences that fuel professional growth and a commitment to learning.

There appeared to be two schools of thought among the current participants regarding the development of models for couple therapy. The first group (seven of the nine participants) advocated for the importance of developing a model that both meets the needs of the particular clients and that also is congruent with the therapist's personality. Therapists who adhere to this way of thinking tended to tailor an approach for each new couple they saw. The second group (two of the nine participants) appeared to be more attached to a particular model and expressed a belief in the importance of using a model that is empirically supported. Interestingly, nominators perceived the therapists they nominated as being quite eclectic in their practice and were impressed by their ease in implementing a wide range of styles.

This has certainly been a long-standing and somewhat controversial issue in the psychotherapy literature (Hubble et al, 1999; Lambert, 1992; Wampold, 2001). A number of comparative studies (Elkin et al, 1989; Imber et al, 1990; Sloane et al, 1975) have suggested that a comparison between different types of individual psychotherapies including psychodynamic, behavioral, interpersonal, and cognitive-behavioral therapies did not yield significant differences in their levels of effectiveness. Lambert (1992) suggested that the use of specific techniques accounted for approximately 15% of the outcome variance in individual psychotherapy. The trend in marital and family therapy outcome research had been to ignore the common factors approach (Hubble et al, 1999; Lambert, 1992) and focus more on outcomes associated with particular techniques or theoretical orientations. However, according to Hubble and colleagues (1999), and taking Lambert (1992) into consideration, there is no reason to assume that particular theoretical orientations play a more significant role in the delivery of couple therapy.

Much of the research on therapist development discussed the tailoring approach to psychotherapy. Orlinsky (2005) maintained that "sensing which [strategies] will work, when, and for whom, and knowing how to do them – is the essential art of psychotherapy" (2005). Ronnestad and Skovholt (2003) stressed that the therapist as person significantly impacts therapeutic change. They reported that as a therapist develops, they develop awareness for models while simultaneously matching a model to self and the clients with whom they work.

Jennings et al (2005) described the master therapists they encountered as continually searching for a uniqueness in every interaction and posited that "each person is different" (p.41). One therapist discussed a difficulty associated with training new therapists who were not open to different orientations, and felt they were at risk for premature closure (making a treatment decision prior having access to all of the available information). McConnaughy (1987) mirrored this perspective and discussed the importance of a therapist simultaneously tailoring an approach to meet the needs of the clients as well as the personality of the therapist.

Summary of 'Commitment to Professional Development'

Findings in the current study supported a consensus in the general psychotherapy literature (Coster & Schwebel, 1997; Jennings et al, 2005; Ronnestad & Skovholt, 2005) that a commitment to ongoing learning is an important determinant in professional development. Participants were conceptual masters who engaged in teaching roles that, as the literature suggested, fosters a deep understanding of the therapy process. Participants spoke to the somewhat controversial issue of theoretical orientation with seven participants preferring to adopt a model or approach that complements both the couple as well as their own personality and two participants pledging allegiance to a particular approach to couple therapy. These findings were discussed in the context of the existing literature.

Commitment to Relationships

Each participant in the current study highlighted the general importance of the therapeutic relationship in psychotherapy. In fact, many participants explicitly acknowledged the therapeutic relationship as the most important tool in their work with couples. This finding was consistent with the plethora of research currently available highlighting the central role of the therapeutic relationship in the process of psychotherapy and client change (Gelso & Carter, 1985; Hubble et al, 1999; Greenberg & Pinsoff, 1986; Rogers, 1957). As described in Hubble and colleagues (1999), the therapeutic relationship was increasingly understood as a "common factor" (Lambert 1992) accounting for positive therapeutic change. In fact, research has consistently linked the quality of the therapeutic alliance with therapeutic outcome, regardless of the model of therapy used (Horvath, 2001; Horvath, 2005; Lambert & Barley, 2001; Orlinsky et al, 2004). Other work exploring master therapists also supported this claim. For example, the participants in Jennings and Skovholt (1999; 2004) study believed that the core of psychotherapy was the therapeutic relationship. These researchers (Skovholt et al, 2004), maintained that not only was the therapeutic relationship central to success in therapy, but also believed that the relationship was responsible for a significant portion of the change we see in clients. This was consistent with Lambert's (1992) approximation that the common factors (relational factors included) accounted for 30% of the change that we see in psychotherapy.

Not only did the participants in the current study advocate for the general importance of the therapeutic relationship as described above, but these participants also vehemently noted the unique challenges associated with developing a strong alliance in the context of couple therapy. Clearly, they maintained that developing an alliance in couple therapy was essential, but also noted that there were particular challenges associated with developing an alliance in this context. The most obvious unique aspect to the development of an alliance in couple therapy versus individual therapy was the fact that there were two individuals with whom the couple therapist must establish a relationship. Further complicating this fact was that the clients with whom the therapist must make contact were generally involved in a relationship laced with tension. Not only did the couple therapist need to develop a safe, trusting relationship with two individual clients, but he or she must do so with clients who have engaged in a conflictual relationship that has most likely greatly eroded each partner's trust in one another.

When considering this seemly insurmountable feat, the question becomes 'How have these master couple therapists addressed this challenge?' The first concept that that appeared to be an important part of addressing this question were strong relational qualities. Participants in the current study described themselves as possessing personal qualities that were conducive to the development of safe, secure relationships. These claims were substantiated in the descriptions offered by the nominator participants. Some qualities this group of therapists possessed included authenticity, warmth, empathy, caring accepting, honesty, and a good sense of humor. Participants acknowledged being able to quickly form an alliance with clients. These findings were in keeping with Rogers' work (1957) describing the necessary and sufficient conditions required for effective therapeutic change. These conditions included warmth, empathy, genuineness, and unconditional positive regard. Dunkle and Frielander (1996) suggested that personal characteristics have the highest influence on the initial developments of the emotional bonds in the alliance. They maintained that therapist experience did not impact the quality of the alliance. McConnaughy (1987) stressed the central role relational qualities played in developing the therapeutic relationship. When exploring master therapists, Jennings and Skovholt (1999; 2004) found that these therapists possessed strong relational skills (i.e. listening, observing, caring for the welfare of others, and empathy) and used these skills quite effectively in the development of their relationships. Horvath and Bedi (2002) also discussed therapist qualities that promoted a strong alliance.

They differentiated between interpersonal skills, such as responsiveness and the ability to generate hope, and communication style of the therapist, such as clear communication and ability to convey understanding. They also maintained that empathy and openness are important factors in the development of a strong therapeutic alliance.

Certainly strong relational qualities are necessary for the development of any good relationship; however, it may be that these qualities are particularly important for the couple therapist to hold due to the challenging task of establishing a trusting relationship with two clients who have difficulty trusting one another. Perhaps these skills are even more necessary in couple therapy than in individual therapy due to the more complex relational dynamics present within the context of couple therapy.

A second component that appeared to be important to the therapists in this study when considering the challenge of building a relationship in the context of couple therapy was the concept of respecting each clients' right to self-determination and autonomy. The current participants demonstrated a profound respect for their clients' autonomy. They showed a deep caring and concern for clients' ability to choose their own path and often described clients as "masters of their own experience." Inherent in the respect for autonomy was a deep respect for clients' phenomenological worldview (Jennings et al, 2005). Advocating for the notion of multiple realities appeared to be a tool these therapists used to demonstrate their respect for each person's autonomy. The validation these master couple therapists placed on each partner's unique perspective appeared to demonstrate and communicate a deep respect for each client. This, in turn, allowed the therapist to be deeply connected to each partner even though the partners were at odds with one another.

Participants also discussed the clear dangers that could emerge, should a therapist become overly involved in decisions that are truly the client's. This finding echoed strong support in the literature for trusting the client and following their lead. Ronnestad and Skovholt (2005) discussed therapists' progression from 'self-as-hero' to 'client-as-hero.' Therapists described the process of seeing the limitations of what they can accomplish more clearly. They paradoxically described an increased sense of confidence and competence while simultaneously experiencing a less powerful and humble experience as therapist. Spring (2007) described this shift as a systematic move from a paternalistic model of care to a more culturally-informed, shared model of care. The master therapists in Jennings and Skovholt's (1999, 2004) study spoke of therapy as a "partnership…a shared responsibility between therapists and clients" (p. 121). They demonstrated a deep respect for clients' self-determination. These authors (Jennings et al, 2005) considered this stance in terms of the ethical concept of autonomy. They postulated that in order for change to occur, clients must be allowed to determine the timing and direction of the therapeutic process.

A third concept that appeared to help these therapists build a relationship in the complex context of couple therapy was their ability to maintain connection in the face of conflict. Participants discussed at length the challenges associated with maintaining a strong relationship with each partner in a couple when they are at odds with each other. They discussed the challenge of being able to maintain a strong connection/alliance with each member, while simultaneously challenging clients to address difficult and often complex material. Jennings and Skovholt (1999; 2004) noted that the master therapists in their study were not only able to provide safety and support, but they were able to skillfully challenge clients to address painful issues in the context of a safe and caring relationship.

Sullivan and colleagues (2005) extended Jennings and Skovholt's work (1999, 2004) and explored the master therapist's construction of the therapy relationship. These researchers (Sullivan et al., 2005) described the skilled therapists' ability to move to quite a challenging stance while simultaneously maintaining a strong and supportive environment for clients. He described the safe relationship domain where the therapists' tasks consisted of responding to, collaborating with, and joining clients. When clients felt safe, therapists then used the relationship and self to engage and work through challenging topics and provided an objective stance for clients in order to support client change.

Finally, these therapists were acutely aware of each member of the couple when framing their interventions. They were very much aware of the fact that their intervention with one partner most likely had an enormous impact on the other partner. Philip eloquently referred to this concept as "thinking on 2 channels." This idea was supported in the couple therapy literature with the Friedlander group (2006) noting that the simple act of validating or supporting the goals of one partner can actually alienate the other. These researchers emphasized the importance of simultaneously attending to the individual and system needs in manner in which both members of the couple feel validated. They acknowledged that at times, this could become an impossible task and that a "rupture" could develop in the relationship (Safran, 2001). Safran (2001) discussed the importance of resolving alliance ruptures and maintained that adequately addressing a rupture in the alliance can actually strengthen the bond between therapist and client. He (2001; 2002) suggested that therapists need to be attentive to ruptures in the alliance and explore the client's negative feelings about therapy. It was important that the therapist responds to the clients' negative feelings in an open and non-defensive manner. Safran (2001) maintained that given the fact that the quality of the therapeutic alliance was one of the most robust predictors of treatment outcome, it became crucial to address ruptures in this relationship. In the context of couple therapy, the concept Safran (1996) has coined "rupture" has been referred to as a "split alliance" (Frielander et al, 2006). A split alliance referred to a significant difference in a couple's attitude towards the therapy and the therapist. This may occur when members of a couple don't view the therapist's stance and behaviors as neutral. This heightened awareness to each partner's reception to their interventions appeared to serve the current participants very well. It may be that this is a necessary component, above and beyond what is required in individual therapy, again as a result of the complex dynamics that are at work within the couple alliance.

Participants in the current study not only placed importance on the therapeutic relationship and the unique dynamics present in the context of couple therapy, but they also strongly highlighted the importance of peer relationships, both in their professional and personal lives. They agreed that relying on peer support was integral in maintaining one's own emotional health. This finding supported the plethora of research indicating that strong personal and professional relationships were essential to the healthy functioning of practitioners (Coster & Schwebel, 1997; Jennings et al, 2005; Schwebel & Coster, 1998; Mullenbach & Skovholt, 2004; Neilson, 1997; Paris, Linville, & Rosen, 2006; Sherman, 1996). Literature describing the master individual therapist also stressed the importance of peer relationships to superior professional functioning as a therapist (Jennings et al, 2005; Mullenbach & Skovholt, 2004, 2005). They maintained that these therapists were continually in relationship with others in the field through either supervision or collegial support/friendship in order to maintain their competence and enable a realistic perspective of self. These master therapists described enriching peer relationships, both formal and informal. They were highly skilled relationship builders who developed relationships that were intimate and rich. These researchers suggested that although strong peer relationships were important on a day-to-day basis, they were critical in a time of crisis. Coster and Schwebel (1997) advised practitioners "if you do not have a close, cooperative, trusting relationship with one or more of your colleagues, we advise you to establish one" (p.121). These researchers described peer relationships as 'essential tools' of the psychotherapist.

Summary of 'Commitment to Relationships'

Participants in the current study mirrored the longstanding finding that the therapeutic alliance was an integral determinant to the delivery of effective psychotherapy. However, a number of distinct qualities of the alliance in couple therapy present the master couple therapist with unique challenges. These include the challenge of building trust with two individuals whose trust in one another has often eroded. In order to address these challenges, this group of master couple therapists used their exceptional relational skills, a deep respect for couples' autonomy, maintained connection in the face of conflict, and used a heightened awareness when framing their interventions. These unique aspects of the alliance in couple therapy were noted and situated within the available literature. Finally, participants strongly valued peer relationships, which the literature cited as imperative for the practicing therapist.

Practical Implications

The findings of this study have a number of practical implications for the field of couple therapy. These therapists described a remarkable commitment to their own personal development, to their professional development, and to relationships in general. The commitment these therapists described regarding their commitment to personal development involved a strong tendency to engage in strategies to maintain and develop their emotional health and well-being. These therapists described a number of self-care strategies including a dedication to pursue individual psychotherapy at times when their own personal experience could potentially negatively impact the therapy process, the importance of nurturing relationships with family and friends, and engaging in activities that are relaxing and enjoyable (for example, music, gardening, and other hobbies). Some therapists noted the importance of taking time off of work and ensuring that their caseloads were manageable. A number of therapists discussed the necessity of honoring their body rhythms by getting adequate sleep, engaging in exercise, and consuming healthy food. These strategies appear to be an integral part of maintaining one's own emotional health and self-awareness, so it would likely be quite helpful for the practicing therapist to explore tactics that would be useful for them in their own practice. Due to the varied strategies described by this group of therapists, it is likely that each individual practitioner would need to determine the unique strategies that may be helpful for them. Self-care is certainly not a "one size fits all" concept and each therapist will have a unique approach to maintaining their own wellbeing.

When considering professional development, one particularly impressive finding was the commitment this group of therapists described to continuing education and ongoing learning. They continually strived to keep their knowledge up to date and were actively engaged in upgrading their competence as therapists. Not only did it ensure that their knowledge was up to date, but it also appeared to instill motivation and renew excitement for the profession. This group of participants also articulated that the role of teaching enhanced their own understanding of particular topics and also fueled their passion and curiosity for the field of couple therapy. This may also prompt the practitioner to consider adopting a teaching role, whether it be lecturing in therapy training programs, assuming the role of supervisor to budding couple therapists, or teaching in the general community of couple therapists. One participant in particular discussed the importance of the couple therapist actively placing themselves in positions to receive feedback, even following the completion of training. She believed that this practice ensured continuing development for a therapist and allowed for ongoing growth beyond one's graduate training. Seeking out consultation groups or supervision from professional colleagues may be potential avenues for practitioners to consider when aspiring to the continuation of this growth.

In terms of these therapists commitment to relationships, becoming comfortable with the unique aspects of balancing the alliance with a couple, having a respect for multiple realities/perspectives, being comfortable with conflict, and being acutely aware of both partners when framing one's interactions as a couple therapist were integral to the practice of practitioners. The practicing couple therapist may explore options for developing these capacities within themselves, whether through personal therapy to explore their own values/beliefs, through a supervision process, or through additional training in these areas. Because maintaining a strong alliance with both partners is essential to the effective delivery of couple therapy, practitioners may consider strategies to enhance their own sensitivity to clients' reactions to their interventions. These strategies could include participating in supervision or "peer-vision" with colleagues and adopting a deep belief in the concept of multiple perspectives and realities. Therapists may decide to work on their own comfort level with conflict through personal therapy or a deep evaluation of their beliefs to ensure they are well prepared to attend to this inevitable reality in couple therapy. The master couple therapists in the current study mirrored a major finding in the literature regarding the vitality of peer relationships when practicing psychotherapy. These therapists noted that their peer relationships not only provided them with emotional and professional support, but also enriched and enhanced their own learning and professional development. Practicing therapists have a variety of options or developing these relationships. Practitioners may decide to participate in regular contact with peers with the goal of discussing and conceptualizing cases. Therapists who work in private practice may decide to continually monitor their own levels of isolation to ensure they are engaging in sufficient peer contact. The perspectives of these master couple therapists may prompt practitioners to ensure they have an adequate peer support system to deal with stressors and growth issues that therapists confront in their practice.

From this discussion, it is clear that these findings have important implications for practicing couple therapists, but it is also clear that it may be useful to reflect on these findings when considering the training of new couple therapists. From these results, we can make a number of inferences regarding important practices to instill in the budding therapist. For example, these results suggest that fostering a climate conducive to self-awareness, self-care and ongoing learning may be important for graduate schools to consider. Graduate schools may decide to encourage self-growth activities, either as a part of the formal training program, or as a retreat or other adjunct opportunity. Graduate trainers and facilitators may also decide to make a commitment to self-care and personal growth in their own lives to model this approach for students. According to these results, new therapists should also be acclimatized to the practice of seeking personal psychotherapy should the need arise. Graduate programs could decide to encourage students to pursue their own psychotherapy so that they have a comprehensive understanding of the process and its potency. The results regarding master couple therapists' commitment to relationships may also prompt graduate schools to situate the psychotherapy process in the context of relationship and alliance building.

Limitations of the Current Study

Although the current investigation provided a rich description of the characteristics of these nine master couple therapists, a number of considerations must be noted in order to contextualize the relevance of the current findings. Perhaps the most obvious consideration of the current study is the small sample of therapists accessed. However, because the purpose of a qualitative study is to understand and not to generalize (in the positivist sense of the word), the small sample size is justified. The current study provides a detailed description of the participants and their experience which allows readers to extract the information from the results that is most meaningful for their context. A more in depth discussion of credibility and transferability of the current findings can be found in the methodology section.

A second consideration that must be noted is that participants in this study reflected a relatively culturally homogeneous sample of therapists (all of the participants were Caucasian and presumably at least middle class). Therefore, the findings of this study may reflect a particular cultural perspective. In fact, it is possible that the three overarching themes that emerged from participants' accounts in the current study reflect a western perspective of values and ideals. For example, the commitment these therapists demonstrated for personal development and self could reflect an individualistic perspective rather than the primarily collective perspective valued by some cultures. In terms of placing value on professional development and learning, this is also very much a North American ideal. It is possible that different cultural groups find other areas of life meaningful and valuable. Finally, the value that these participants placed on relationships raises questions about the meaning this group attributes to power and structure in relationship, both of which are concepts that are culturally derived.

It must also be considered that these therapists are most likely quite sought after in their communities and also that they work in a private setting. These characteristics presumably influence the population with whom these therapists work. It may be that the particular cultural group that these participants attract may require a particular type of therapeutic approach or therapist. It is possible that another cultural group may be best served by another approach or therapist. Therefore, these findings must be considered within the unique cultural context in which they exist. Additional research may further illuminate the role culture plays with regards to the master couple therapist.

The current results were gathered primarily from the perspectives of the master couple therapists, through interviews and written narratives. While the perspectives of the master couple therapists were explored as well as some of the nominators, we did not have access to the perspectives of these therapists' clients themselves. Therefore, it is possible and perhaps probable, that clients would provide a fresh and different perspective on what constitutes an excellent couple therapist.

One must also take into consideration the methods used to access information regarding these master therapists. While rich information was obtained through self-report and the reports of the nominators, it may have been difficult for these participants to verbally articulate their excellence. One may gain valuable additional insight through observing these masters (perhaps through videotapes). This may identify important information to which these therapists may not have conscious access.

Future Research Directions

The trend of couple therapy research has only recently begun to shift from an almost exclusive focus on particular models of psychotherapy to exploring other aspects that may be impacting the therapeutic process and outcome. The results of this study have contributed to the growing body of literature exploring therapist variables that may be impacting the therapy process with couples.

Considering this current research, there are a number of directions investigators may choose to pursue. One consideration in particular is the perspective from which the current study was approached. Certainly, the master couple therapists→ themselves provided a wonderfully rich account of what they believed was particularly therapeutic about their practice. The perspective of the therapists who nominated them added another layer of richness to the description of these therapists' excellence. Understanding what clients believe to be particularly helpful about these therapists may shed new light on the issue of excellent couple therapists.

Exploring excellent couple therapists from an observational perspective, rather than through self-report, may also be of interest to researchers. These researchers may decide to observe the practice of master couple therapists either live or through videotapes. This observation could perhaps identify important aspects of practice to which master couple therapists may not have conscious access.

A thorough comparative study of the master couple therapist and master individual therapist would almost certainly be a rich avenue of further research. The current investigation revealed a number of distinct qualities of the master couple therapist (for example, an ability to balance a systemic therapeutic alliance, a unique ability to work with conflict, a heightened awareness of the impact of their interventions on each partner of a couple) that make them particularly proficient in their work with couples. A direct comparison between these two groups may even further highlight these strengths, and perhaps identify additional strengths as a result of the comparative perspective. As well, further research into these qualities in particular would certainly illuminate the remarkable and distinctive strengths held by this group of couple therapists. For example, further exploration of the master couple therapist's awareness in their interventions with each member of a couple may provide an increasingly clear representation of the particular skills and strategies unique to this approach.

Further research might also consider the role that culture plays in terms of what constitutes as "excellence" for the couple therapists. The current participants spoke from a Caucasian perspective and presumably held a relatively comfortable socioeconomic status. Exploring the cultural impact of excellence would certainly provide useful information in terms of how to most effectively deliver services.

This research also has a number of important implications for the training of new couple therapists, as previously discussed. Future research could also explore the impact these implications have on the development of these novice therapists.

Conclusions

The demand for couple therapy has increased significantly over the past decade. When the literature is considered in an attempt to provide effective services for couples in need, it is found that the trend in couple therapy research has only recently begun to shift from an almost exclusive focus on particular models of psychotherapy to exploring other factors that impact therapeutic process and outcome. The current study has contributed a small, but important piece of literature by exploring the skills, characteristics, and experiences of the master couple therapist.

Participants who were designated 'masters' by their professional colleagues were interviewed in an attempt to highlight the skills, characteristics, and experiences of these therapists considered to be the 'best of the best.' The perspectives of the nominating therapist were also considered. Results indicated that these therapists demonstrated a profound commitment to personal development and self, professional development, and relationships. Participants' commitment to personal development and self was characterized by a striving to maintain their emotional health, embracing personal growth and self-awareness, a natural 'fit' which evoked passion in their work, and a demeanor which was confident, yet modest. They demonstrated a commitment to professional development by demonstrating that the role of teacher enhances understanding, showing a commitment to ongoing learning, establishing an amazing ability to conceptualize couples' issues, and developing a solid approach to couple therapy. Finally, participant's commitment to relationships was characterized by their belief in the importance of a strong therapeutic relationship, their understanding of the alliance in couple therapy, their personal qualities that facilitated strong relationships, the value they placed on peer relationships, their ability to trust their clients and follow their lead, and their unique ability to maintain relational connection in the face of conflict. Results are discussed in the context of existing literature and practical implications/future lines of research are suggested.

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Appendix A

Letter to Master Couple Therapist Participants

Date

Address

Dear ________,

Let me begin by introducing myself to you again. My name is Allyson Smith and I am a doctoral student in Counselling Psychology at the University of Alberta. As you may recall, I am exploring characteristics of master couple therapists for my dissertation. Dr. William Whelton is my supervisor. I am writing to invite you to participate in my study because you were one of the top ten therapists nominated by your colleagues as a master couple therapist.

Over the past number of months, I asked you and other couple therapists for nominations for master couple therapists here in Ottawa. After conducting an extensive peer nomination process and "snowball sampling procedure" in which close to 200 nominations were received, you were one of the ten therapists who received the most nominations. Your peers view you as a master couple therapist. The next step of my research is to conduct interviews with the ten peer-nominated therapists, if they choose to participate in my study. I am asking you to be part of a 60-minute interview and to write a brief narrative in which you will respond to a few questions designed to help begin the process of contemplating your experience as a master couple therapist. From these contacts, my hope is to learn more about the characteristics and experiences that have allowed you to attain this mastery. My ultimate goal is to contribute to improving the practice of couple therapy.

I will contact you within the next week to ask if you would like to participate in my study. I look forward to our contact and thank you in advance for considering this request.

Sincerely,

____

Allyson Smith

PhD Candidate

University of Alberta

Appendix B

Interview Questions for Master Couple Therapist Participants

- What distinguishes a good couple therapist from a great couple therapist?
- What do you think are the characteristics of a master couple therapist?
- Do you see differences between characteristics or abilities between a master couple therapist and one who works with individuals?
- What would you see as the process of becoming a master couple therapist? Does experience play a role?
- What experiences/people/events have influenced or improved your practice with couples?
- Given two equally experienced therapists, why does one become an expert whereas another may not?
- What is particularly therapeutic about you?
- Is there one distinguishing aspect of your abilities that you feel serves you well in your work with couples?
- How does the person you are impact the therapy you do?
- Are you helpful with some clients and not with others? Explain
- What is couple therapy?
- How does couple therapy heal?
- If there were a recipe for making a master therapist, what ingredients would you include?
- Is there anything you would like to add, or you feel we have missed?

Appendix C

Guidelines for Personal Narratives

I am interested in hearing about your ideas, experiences, and beliefs about excellent couple therapists. The following questions are intended to stimulate your thinking as you prepare this written narrative. However, do not be restricted by these questions. Please feel free to frame your response in a way that describes your personal experience.

- What do you believe are the elements of an excellent couple therapist?
- Describe the process/experiences you went through on your journey towards becoming a master couple therapist?
- Were there people who influenced your development (either positively or negatively) as a couples therapist?
- What is particularly 'therapeutic' about you?
- How does the person you are impact the therapy you do?
- How do you conceptualize couple therapy? Therapeutic change in couples?

Appendix D

Interview Questions for Nominators

- What was it about your experience of the therapists you nominated that prompted you to nominate him/her as a master couple therapist?
- Could you tell me a story that highlights these individuals as a master couple therapist?
- What is it about how these therapists approaches therapy that makes him/her so successful when working with couples?
- Presumably when deciding to nominate these particular therapists, there were other therapists that you considered & decided would not fit in this category. Without asking for identifying information, could you tell me about the therapists you decided not to nominate & what it was about them prompted you to refrain from nominating them?

Appendix E

Consent Letter for Master Couple Therapists

INFORMATION/CONSENT LETTER

I am a doctoral student in the Counselling Psychology program at the University of Alberta. Under the supervision of Dr. William Whelton, I am conducting my dissertation research on the characteristics of master couple therapists. My goal is to develop a clearer understanding of master couple therapists as part of improving the couple therapy profession. Earlier this year, I asked you and other therapists for nominations of master couple therapists here in Ottawa. After conducting an extensive peer nomination process, including the professions of psychology, social work, counselling, pastoral counselling, and medicine, you were one of the ten therapists who received the most nominations. As one of the therapists nominated by your colleagues as a master couple therapist, you are invited to participate in this study.

You will be asked to prepare a written narrative and to participate in a 1 to 1.5 hour qualitative interview exploring your experience as a master couple therapist. A follow-up phone conversation may be requested to clarify information that arose during the interview. The interview will be audio-recorded. There are no reasonably foreseeable harms that may arise from participation in this study.

You will have the opportunity to review transcripts of the interview and will have access to the final report and presentation of findings.

Participation in this study is strictly voluntary and you will be given the opportunity to withdraw from this study at any time without penalty. If you choose to withdraw, any collected data will not be included in the study. All information related to this study will be kept private and confidential. In any report or publication, all identifying information will be removed. Safeguards will be in place to protect the security of data. Data will be kept in a locked file for a period of five years following the completion of the study. After this five-year period, transcriptions, written narratives, and audio recordings will be destroyed.

Data gathered during this research project may be used for publication in scholarly journals, academic presentations, posters, or teaching. During any use, the data will be handled in compliance with the University of Alberta Standards for the Protection of Human Research Participants http://www.ualberta.ca/~unisecr/policy/sec66.html.

If you have any concerns, they can be directed to Allyson Smith (primary researcher) at (613) 233-9280, Dr. William Whelton, Associate Professor, University of Alberta (supervisor) at (780) 492-7979, or Dr. Linda MacDonald, Department Chair, Department of Educational Psychology, University of Alberta at (780) 492-2389.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding your rights as a participant and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

I have read the above information and consent to participation in this study.

______________________________ ________________________

Signature of Participant Date

______________________________ ________________________

Signature of Researcher Date

Appendix F

Consent Letter for Nominators

INFORMATION/CONSENT LETTER

I am a doctoral student in the Counselling Psychology program at the University of Alberta. Under the supervision of Dr. William Whelton, I am conducting my dissertation research on the characteristics of master couple therapists. My goal is to develop a clearer understanding of master couple therapists as part of improving the couple therapy profession.

Earlier this year, I implemented a peer nomination process in search of master couple therapists and included the professions of psychology, social work, counselling, pastoral counselling, and psychiatry and I certainly appreciate your participation in this process. I am now interested in understanding more about why you chose to nominate these individuals.

If you choose to participate in this study, you will be asked to expand on your reasons for choosing to nominate these particular therapists. The interview will be approximately 15 minutes in length and will be audio-recorded. There are no reasonably foreseeable harms that may arise from participation in this study.

If requested, you will have the opportunity to review transcripts of the interview and interpretations made by the researcher. As well, you will have access to the final report and presentation of findings.

Participation in this study is strictly voluntary and you will be given the opportunity to withdraw from this study without penalty at any time. If you choose to withdraw, any collected data will not be included in the study. All information related to this study will be kept private and confidential. In any report or publication, all identifying information will be removed. Safeguards will be in place to protect the security of data. Data will be kept in a locked file for a period of five years following the completion of the study. After this five-year period, transcriptions, written narratives, and audio recordings will be destroyed.

Data gathered during this research project may be used for publication in scholarly journals, academic presentations, posters, or teaching. During any use, the data will be handled in compliance with the University of Alberta Standards for the Protection of Human Research Participants http://www.ualberta.ca/~unisecr/policy/sec66.html.

If you have any concerns, they can be directed to Allyson Smith (primary researcher) at (613) 233-9280, Dr. William Whelton, Associate Professor, University of Alberta (supervisor) at (780) 492-7979, or Dr. Linda MacDonald (Department Chair), Department of Psychology, University of Alberta at (780) 492-2389.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding your rights as a participant and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

I have read the above information and consent to participate in this study.

_______________________ _______________________
Signature of Participant Date

_______________________ _______________________
Signature of Researcher Date